| Fill in this information to identify your case: | | |
|---|--|---|
| United States Bankruptcy Court for the: EASTER | N DISTRICT OF NEW YORK | CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | NEW YORK 2020 JAN - 7 △ IC: 03 Check if this amended fill |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|-------------|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | CARLA First name OMEYEMI Middle name TIMMERS Last name Suffix (Sr., Jr., II, III) | First name Middle name Last name Suffix (Sr., Jr., II, III) |
| MILES MENTS | | | |
| 2. | All other names you have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | made. Names | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - <u>2</u> <u>5</u> <u>1</u> <u>3</u> OR 9 xx - xx | xxx - xx OR 9 xx - xx |

Debtor 1 CARLA O. TIMMERS
First Name Middle Name Last Name

Case number (if known)

| entra constanti | | | | | |
|---|---|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. Any business names and Employer Identification Numbers | | ☑ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. | | |
| | (EIN) you have used in the last 8 years | Business name | Business name | | |
| | Include trade names and doing business as names | Business name | Business name | | |
| | | EIN | EIN | | |
| | | EIN | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 875 PENNSYLVANIA AVENUE Number Street | Number Street | | |
| | | 15K | | | |
| | | BROOKLYN NY 11207 City State ZIP Code | City State ZIP Code | | |
| | | KINGS COUNTY County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number Street | Number Street | | |
| | | P.O. Box | P.O. Box | | |
| | | City State ZIP Code | City State ZIP Code | | |
| 6. | Why you are choosing | Check one: | Check one: | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. | ☐ I have another reason. Explain. | | |
| | | (See 28 U.S.C. § 1408.) | (See 28 U.S.C. § 1408.) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| IN WAR SHO | | | | | |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name

| Last | Na | mi |
|------|----|----|

| Case number (if known) | | |
|------------------------|--|--|
|------------------------|--|--|

| Pa | art 2: Tell the Court Abou | t Your B | ankrup | tcy Cas | ie | | | | |
|-----|---|------------------------|---|--|--|--|------------------------------------|--|---|
| 7. | The chapter of the Bankruptcy Code you | Check or for Bankı | ne. (For ruptcy (F | a brief de Form 2010 | escription (0)). Also, (| of each, s go to the | see <i>Notic</i> top of pa | e Required by 11 age 1 and check th | U.S.C. § 342(b) for Individuals Filing ne appropriate box. |
| | are choosing to file under | ☑ Char | ☑ Chapter 7 | | | | | | |
| | under | ☐ Chap | pter 11 | | | | | | |
| | | ☐ Chap | pter 12 | | | | | | |
| | | ☐ Chap | pter 13 | | | | | | |
| 8. | How you will pay the fee | local your: subn | I court frself, yo mitting y | or more u may pa | details al ay with ca ment on y | bout howash, cas | w you m shier's c | iay pay. Typicali heck, or money | eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check |
| | | l nee | ed to pa | ay the fe | e in inst y The Fil | tallmen ling Fee | ts. If you in Insta | u choose this op <i>llments</i> (Official | otion, sign and attach the <i>Application</i> Form 103A). |
| | | By la less pay t | aw, a ju than 15 the fee | dge may 50% of th in install | /, but is n ne official lments). I | not requi I poverty If you ch | red to, v line that loose th | vaive your fee, a at applies to you is option, you m | ion only if you are filing for Chapter 7. and may do so only if your income is ir family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition. |
| 9. | Have you filed for bankruptcy within the | ☑ No | | | | ge compression on the second of the second o | | and Carries, and Carries (Selective Medical Carries). So of the Fred Selection of the Selec | |
| | last 8 years? | ☐ Yes. | District | | | | When | MM / DD / YYYY | _ Case number |
| | | | District | | | | When | | Case number |
| | | | District. | | | | When | MM / DD / YYYY | Case number |
| | | | DISTRICT | | | | vviieii | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | ☑ No | noces one Most become the desired first the little of | Byer speak a source and a state and a stat | AND THE REAL PROPERTY OF THE P | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes. | Debtor | | | | | | _ Relationship to you |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | | | | _ When | MM/DD/YYYY | Case number, if known |
| | aimatei | | Debtor | | | | | | _ Relationship to you |
| | | | District | | | and week | When | MM / DD / YYYY | Case number, if known |
| 11. | Do you rent your residence? | ☐ No. ☑ Yes. | ☑ No | our landlor . Go to lin s. Fill out | ne 12. | tement A | bout an i | ment against you? Eviction Judgmen | t Against You (Form 101A) and file it as |

Doc 1 Filed 01/07/20 Entered 01/07/20 10:16:51 Case 1-20-40066-cec

CARLA O. TIMMERS Debtor 1 Case number (if known) Middle Name Last Name Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time ☐ Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Street Number LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. State ZIP Code City Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it 13. Are you filing under can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if Bankruptcy Code and any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in business debtor, see 11 U.S.C. § 101(51D). the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any ☑ No property that poses or is ☐ Yes. What is the hazard?? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property?? Number Street State ZIP Code

City

Debtor 1

CARLA O. TIMMERS

Last Name

| Case number (if known) | | |
|------------------------|--|--|
|------------------------|--|--|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| æΔ | 20 | nit: | De | ht | O | : No. | į |
|----|----------|------|------------|-------|-------|-------|---|
| ~ | en samel | | a constant | 2.000 | USI S | GE. | į |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required to receive a briefing abou |
|---|--|
| | credit counseling because of: |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| De | btor 1 CARLA O. TIMM | |
|-----|---|--|
| | First Name Middle Name | e Last Name |
| | | |
| Pa | art 6: Answer These Ques | tions for Reporting Purposes |
| • | | 40. A |
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
| | | ☑ No. Go to line 16b.☑ Yes. Go to line 17. |
| | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |
| | | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. |
| | | 16c. State the type of debts you owe that are not consumer debts or business debts. |
| | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chapter 7. |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |
| | excluded and | ☑ No |
| | administrative expenses are paid that funds will be | ☐ Yes |
| | available for distribution to unsecured creditors? | |
| 18. | How many creditors do | 2 1-49 |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-199 |
| | | 200-999 |
| 19. | How much do you | ☑ \$0-\$50,000 |
| | estimate your assets to be worth? | □ \$50,001-\$100,000 □ \$100,001-\$500,000 |
| | | □ \$500,001-\$1 million |
| 20. | How much do you | \$0-\$50,000 |
| | estimate your liabilities to be? | □ \$50,001-\$100,000 □ \$100,001-\$500,000 |
| | | □ \$500,001-\$1 million |
| Pa | rt 7: Sign Below | |
| Fo | or you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7. |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |
| | , | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | * aula Jumes * |
| | | Signature of Debtor 1 Signature of Debtor 2 |
| | | Executed on MM / DD /YYYY |

Filed 01/07/20 Entered 01/07/20 10:16:51 Case 1-20-40066-cec Doc 1

CARLA O. TIMMERS Debtor 1 Case number (if known) For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? ☐ No Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? ☐ No 2 Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No. Yes. Name of Person_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an

> Signature of Debtor 2 Date Date MM / DD / YYYY

attorney may cause me to lose my rights or property if I do not properly handle the case.

9176760288 Contact phone

Contact phone

19176760288 Cell phone

Email address

Cell phone

Email address

TIMMERSCARLA@GMAIL.COM

| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|---------------|------------------|---|--|--|--|
| Debtor 1 | CARLA O. TIMMI | ERS | | | | | |
| | First Name | Middle Name | Last Name | _ | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | - | | | |
| United States | Bankruptcy Court for the: | EASTERN DISTR | RICT OF NEW YORK | | | | |
| Case number | (If known) | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| | Your assets |
|--|------------------------------------|
| | Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | . \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | . \$11651.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>11651.00</u> |
| 表现数据是一种实际。由于 100 的复数电路 | |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$21500.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ <u>146074.00</u> |
| Your total liabilities | \$167574.00 |
| art 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | . \$1984.03 |
| t v v | |
| Schedule J: Your Expenses (Official Form 106J) | |

CARLA O. TIMMERS Debtor 1 Case number (if known)_ Last Name **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. ✓ Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 2471.11 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following:

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$\frac{107587.00}{\$\frac{1}{3}}\$

| Fill in this information to identify your case and t | nis filing: | | |
|--|--|---|---|
| Debter4 CARLA O. TIMMERS | | | |
| Debtor 1 First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: EASTERN DIS | TRICT OF NEW YORK | | |
| Case number | | | Check if this is an |
| | | _ | amended filing |
| Official Form 106A/B | | | |
| | 4 | | 40145 |
| Schedule A/B: Proper | ms. List an asset only once. If an asset fits in more | | 12/15 |
| responsible for supplying correct information. If write your name and case number (if known). An Part 1: Describe Each Residence, Buildin 1. Do you own or have any legal or equitable inte | plete and accurate as possible. If two married peoplemore space is needed, attach a separate sheet to the swer every question. g, Land, or Other Real Estate You Own or Haward and rest in any residence, building, land, or similar prop | is form. On the top of a | th are equally ny additional pages, |
| ✓ No. Go to Part 2. ☐ Yes. Where is the property? | | | |
| 1.1Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Street address, if available, or other description | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| | ── | \$ | \$ |
| City State ZIP Cod | Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| And the second s | Who has an interest in the property? Check one. | | |
| | ☐ Debtor 1 only Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | ommunity property |
| of management and an analysis of the second analysis of the second analysis of the second and an | Other information you wish to add about this it property identification number: | | |
| If you own or have more than one, list here: | property identification hamber. | | |
| 1 2 | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Street address, if available, or other description | ☐ Condominium or cooperative ☐ Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| - | - ☐ Land ☐ Investment property | \$ | \$ |
| City State ZIP Cod | _ Timeshare | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| The second secon | Who has an interest in the property? Check one. | | *************************************** |
| The state of the s | Debtor 1 only Debtor 2 only | | |
| County | □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Check if this is co | ommunity property |
| ************************************** | Other information you wish to add about this ite property identification number: | em, such as local | |

page 1

Entered 01/07/20 10:16:51 Case 1-20-40066-cec Doc 1 Filed 01/07/20 CARLA O. TIMMERS Case number (if known) What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership ZIP Code ☐ Timeshare State interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: _ 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Who has an interest in the property? Check one. NISSAN Do not deduct secured claims or exemptions. Put 3.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only ALTIMA Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only entire property? portion you own? 10000 Approximate mileage: At least one of the debtors and another Other information: 10107.00 10107.00 Check if this is community property (see POOR CONDITION instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put

| , 00 | TOTAL OF THE TOTAL STREET | , |
|------|---------------------------|----------|
| 3.2. | Make: | |
| | Model: | |
| | Year: | |
| | Approximate mileage: | *** |
| | Other information: | |
| | | |

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this is community property (see instructions)

the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

entire property?

Current value of the
Current value of the portion you own?

Debtor 1

1.3.

Part 2:

☐ No Yes

City

Case number (if known)_

CARLA O. TIMMERS
First Name Middle Name

Last Name

Debtor 1

| duct secured claims of the current of any secured claims of the current of the current of the current of the current of any secured claims of the current of any secured claims of the current of the cur | or exemptions. Put ms on Schedule D: scured by Property. Irrent value of the rtion you own? or exemptions. Put ms on Schedule D: scured by Property. |
|--|--|
| duct secured claims on tof any secured claims of the roperty? should be reported to the roperty? should be reported to the roperty? should be reported to the roperty? | or exemptions, Put ms on Schedule D: ecured by Property. Irrent value of the rtion you own? or exemptions, Put ms on Schedule D: ecured by Property, arrent value of the ecured by Property, arrent value of the ms on Schedule O: ecured by Property, arrent value of the ecured of the |
| nt of any secured clair Who Have Claims Secured reports? value of the cur ports. \$ | ms on Schedule D: scured by Property. Irrent value of the rtion you own? or exemptions. Put ims on Schedule D: scured by Property. Irrent value of the |
| nt of any secured clair Who Have Claims Secured reports? value of the cur ports. \$ | ms on Schedule D: scured by Property. Irrent value of the rtion you own? or exemptions. Put ims on Schedule D: scured by Property. Irrent value of the |
| nt of any secured clair Who Have Claims Secured reports? value of the cur ports. \$ | ms on Schedule D: scured by Property. Irrent value of the rtion you own? or exemptions. Put ims on Schedule D: scured by Property. Irrent value of the |
| walue of the Curroperty? por \$sduct secured claims on to f any secured claim Who Have Claims Sevalue of the Cur | or exemptions. Put ms on Schedule D: secured by Property. |
| value of the roperty? por \$ss | or exemptions. Put ims on Schedule D: ecured by Property. |
| roperty? por \$sduct secured claims on tof any secured claim Who Have Claims Sevalue of the Cui | or exemptions. Put ims on Schedule Discurred by Property. |
| rduct secured claims on tof any secured claim Who Have Claims Sevalue of the Cui | or exemptions. Put ms on Schedule D: ecured by Property. |
| nt of any secured clair Who Have Claims Se | ms on Schedule D: ecured by Property. urrent value of the |
| nt of any secured clair Who Have Claims Se | ms on Schedule D: ecured by Property. urrent value of the |
| nt of any secured clair Who Have Claims Se | ms on Schedule D: ecured by Property. urrent value of the |
| nt of any secured clair Who Have Claims Se | ms on Schedule D: ecured by Property. urrent value of the |
| | rrent value of the |
| | |
| roperty : por | |
| | , |
| \$ | <u></u> |
| iduct secured claims o | or exemptions. Put |
| Who Have Claims Se | scured by Property. |
| value of the Cu | rrent value of the |
| roperty? por | rtion you own? |
| | |
| \$ | |
| t OI | |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name

Last Name

Case number (if known)_____

| Part 3: | Describe | Your | Personal a | ınd | Household | Items |
|---------|----------|------|------------|-----|-----------|-------|
|---------|----------|------|------------|-----|-----------|-------|

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|
| | |
| 6. Household goods and furnishings | - Topic and the second and the secon |
| Examples: Major appliances, furniture, linens, china, kitchenware | contribution |
| ☐ No ☐ Yes. Describe BED, BEDDING, CHAIRS, COOKING UTENSILS, COUCH, EATING UTENSILS, PICTURE FRAMES, AND TOWELS | \$ 300.00 |
| 7. Electronics | EASA-D |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| ☐ No ☐ Yes. Describe SMARTPHONE AND TV | \$ 200.00 |
| Yes. Describe SMARTPHONE AND TV | \$ |
| 8. Collectibles of value | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; | |
| stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | No. of Congression and Congres |
| Yes. Describe | \$\$ |
| 9. Equipment for sports and hobbies | |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| No No | \$ 0.00 |
| Yes. Describe | \$ |
| 10. Firearms | |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| No No | \$ 0.00 |
| Yes, Describe | \$ |
| 11. Clothes | |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| No No | \$ 200.00 |
| Yes. Describe ALL CLOTHES AND FOOTWEAR | \$ |
| | |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| ☑ No | \$ 0.00 |
| Yes, Describe | \$ |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses | |
| □ No | |
| Yes. Describe DOG AND CAT | \$\$ |
| 14. Any other personal and household items you did not already list, including any health aids you did not list | |
| ☑ No □ Voc Cive enceific | \$ 0.00 |
| Yes. Give specific information | Φ |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | s 750.00 |
| | and interpretable for the service and an activities and the service and the se |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name

Last Name

Case number (if known)_

| Part 4: Describe Yo | ur Financial Assets | | | |
|---|---|--|--|--|
| Do you own or have any | legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claim or exemptions. |
| 16. Cash Examples: Money you | have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you file | e your petition | |
| ☐ No | | | | |
| ✓ Yes | | (| Cash: | \$10.00 |
| 17. Deposits of money Examples: Checking, s and other s | savings, or other financial accou imilar institutions. If you have m | ints; certificates of deposit; shares in credit unions, ultiple accounts with the same institution, list each. | brokerage houses, | |
| ☑ Yes | | Institution name: | | |
| | 17.1. Checking account: | MCU | and the second s | \$34.00 |
| | 17.2. Checking account: | | | \$ |
| | 17.3, Savings account: | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | en e | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | Institution or issuer name: | erage firms, money market accounts | | \$ |
| | | | | |
| | | | | \$ |
| 19. Non-publicly traded s an LLC, partnership, ☑ No | | rated and unincorporated businesses, including | g an interest in % of ownership: | |
| Yes. Give specific information about | | | | \$ |
| them | | | | \$ |
| | | | % | \$ |
| | | | | |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name Last Name

| Case number | (if known) | |
|-------------|--------------|------|
| Cuco number | (ii Milotti) | |

| | | Explayer of the continuence of t |
|---|--|--|
| Negotiable instruments i | orate bonds and other negotiable and non-negotiable instruments nclude personal checks, cashiers' checks, promissory notes, and money orders. | |
| Non-negotiable instrume | ents are those you cannot transfer to someone by signing or delivering them. | |
| No Yes. Give specific information about | Issuer name: | ¢ |
| them | | |
| | | Ψ |
| | | |
| 21. Retirement or pension Examples: Interests in IF | accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit | -sharing plans |
| ☑ No | | |
| Yes. List each account separately. | Type of account: Institution name: | |
| , , | 401(k) or similar plan: | \$ |
| | Pension plan: | e |
| | IRA: | |
| | Retirement account: | ¢. |
| | | • |
| | | |
| | Additional account: | _ |
| | Additional account: | 9 |
| | | |
| 22. Security deposits and property of all unused Examples: Agreements | prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications | S |
| companies, or others | With Idiatorac, proposa form, possion same of the control of the c | |
| ☑ No | | |
| ☐ Yes | Institution name or individual: | |
| | Electric: | \$ |
| | Gas: | \$ |
| | Heating oil: | \$ |
| | Security deposit on rental unit: Prepaid rent: | <u> </u> |
| | Telephone: | |
| | Water: | |
| | Rented furniture: | |
| | Other: | s |
| | | |
| 23. Annuities (A contract fo | r a periodic payment of money to you, either for life or for a number of years) | |
| ☑ No | | |
| ☐ Yes | Issuer name and description: | \$ |
| | | \$ |
| | | |
| | | |

Case number (if known)_

CARLA O. TIMMERS
First Name Middle Name

Last Name

Debtor 1

| | nigency gas the construction in the construction of the Constitution of the Constituti | | T BEBLANDE VERBOOK AND | vegaga gang kangkan aran kerabanahan keraban keraban keraban adap dan dan badan keraban keraban keraban keraba Keraban gang kenahan aran keraban keraban keraban keraban keraban badan dan badan keraban keraban keraban kerab |
|---|--|--|--|---|
| 24.Interests in an education IRA 26 U.S.C. §§ 530(b)(1), 529A(b) | | nt in a qualified ABLE program, or under a qu | ualified state tuition program. | |
| ☑ No | ,b), and 020(b)(| ··· | | |
| | | On what has been a course to be the manager of | famuintaracta 11 LLC C & E01(a) | ١. |
| 103 | Institution nar | me and description. Separately file the records o | any interests. 11 0.5.0. 9 52 f(c) |). |
| | | | | \$ |
| | | | | \$ |
| | | | AND THE STATE OF T | \$ |
| | | | | |
| 25. Trusts, equitable or future interesting exercisable for your benefit | | perty (other than anything listed in line 1), an | nd rights or powers | |
| ☑ No | | | | |
| Yes. Give specific | | | | 1 |
| information about them | | | | \$0.00 |
| L | L. | | | |
| 26. Patents, copyrights, tradema | arks, trade se | crets, and other intellectual property | nia | |
| | mes, websites, | , proceeds from royalties and licensing agreeme | nts | |
| ☑ No | | | | nacy |
| Yes. Give specific information about them | | | | \$ 0.00 |
| information about them | | | | |
| 27. Licenses, franchises, and other framples: Building permits, ex | ther general in | ntangibles es, cooperative association holdings, liquor licen | ses, professional licenses | |
| No No | | | | |
| Yes. Give specific | | | | |
| information about them | | | | \$0.00 |
| L | | The second secon | | 1 |
| Money or property owed to you | 1? | | | Current value of the |
| | | | | portion you own? Do not deduct secured |
| | | | | claims or exemptions. |
| 28. Tax refunds owed to you | | Eligibility (C. C. C | Geography Polyne Xide (New York State Control of the Control of th | |
| _ | | | | |
| ☑ No☑ Yes. Give specific informat | tion | | indication of the displacement as a proper of the state o | ¢ 750.00 |
| about them, including | | | Federal: | \$ |
| you already filed the r | returns | | State: | \$ |
| and the tax years | | | Local: | \$ |
| | L_ | | ordanicosocionos de degra responsamentable ⁶ | |
| 29. Family support | | | | |
| Examples: Past due or lump su | sum alimony, sp | oousal support, child support, maintenance, divo | rce settlement, property settlemer | nt |
| ☑ No | | | ra salapa na la principa la vergrapa na preja parmin na mrinna | |
| Yes. Give specific informat | ition | | A 21 | ¢ |
| | | | Alimony: | Ф |
| | 7000 Hali | | Maintenance: | \$ \$ |
| | Line | | Support: | - |
| | * Land Street Control of the Control | | Divorce settlement: | \$ s |
| | | | Property settlement: | Ψ |
| 30. Other amounts someone ow <i>Examples:</i> Unpaid wages, disa Social Security ber | ability insurance | ee payments, disability benefits, sick pay, vacatic oans you made to someone else | on pay, workers' compensation, | |
| 🗹 No | piness | | | 7 |
| Yes. Give specific informat | ation | | | \$ 0.00 |
| | | | | |

Case number (if known)

CARLA O. TIMMERS
First Name Middle Name

Last Name

Debtor 1

| | | | agada salahni sana basasan basasan kan melan melan ingga kenalah melangan pengangan kenalah kan salah melanda s |
|--|--|--|--|
| 31. Interests in insurance policies | 398 (1996 - 1999 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - | | |
| Examples: Health, disability, or life insurar | nce;health savings account (HS | A);credit, homeowner's, or renter's insurance | |
| ☑ No | | | |
| Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| or each policy and list its value | | | \$ |
| | | | \$ |
| | | | \$ |
| 32. Any interest in property that is due you | I from someone who has died | ī | |
| If you are the beneficiary of a living trust, property because someone has died. | expect proceeds from a life insu | rrance policy, or are currently entitled to receive | |
| ✓ No✓ Yes. Give specific information | | | |
| Tes. Give specific information | | | \$\$ |
| 33. Claims against third parties, whether o Examples: Accidents, employment disput | | | |
| ☑ No | | | BANDON AND AND AND AND AND AND AND AND AND AN |
| Yes. Describe each claim | | | \$0.00 |
| 34. Other contingent and unliquidated clair | ms of every nature, including | counterclaims of the debtor and rights | |
| to set off claims | | | |
| No | | | nor deader-to-be challenge with the second s |
| Yes. Describe each claim | | | \$\$ |
| | | | |
| 35. Any financial assets you did not alread | v liet | | |
| No | A star | | ner Mart i Tavaliti susan mit Mart |
| Yes. Give specific information | | | s 0.00 |
| | | | |
| 36. Add the dollar value of all of your entri | es from Part 4. including anv | entries for pages you have attached | |
| for Part 4. Write that number here | | | \$ 794.00 |
| | | | |
| date to the first control of the con | | | |
| Part 5: Describe Any Business | Related Property You | Own or Have an Interest In. List ar | y real estate in Part 1. |
| 37. Do you own or have any legal or equita | hle interest in any husiness- | related property? | |
| No. Go to Part 6. | | | |
| Yes. Go to line 38. | | | |
| | | | Current value of the |
| | | | portion you own? Do not deduct secured claims |
| | | | or exemptions. |
| 38. Accounts receivable or commissions y | ou already earned | | |
| No | , | | |
| Yes. Describe | calls and discharge and the contracts of the copy of copy and and discharge and and discharge and an active process of the copy of an active and an active and active active and active acti | | |
| | | | P |
| 39. Office equipment, furnishings, and sup | oplies | achines, rugs, telephones, desks, chairs, electronic de | vices |
| <u></u> ' | re, modems, printers, copiers, tax m | iadillies, rugs, telepriories, desas, dilaits, electronic de | |
| ☐ No☐ Yes, Describe | · College Control of the Control of | | |
| Les, Describe | | | |

Schedule A/B: Property page 8

Case number (if known)_

CARLA O. TIMMERS
First Name Middle Name

Last Name

Debtor 1

| 40. Machinery, fixtures, e | quipment, supplies you use in business, and tools of your trade | | |
|--|---|--|--|
| □ No | | | 7 |
| Yes. Describe | | | \$ |
| Ĺ | | | |
| 41. Inventory | | | |
| □ No | | | |
| Yes. Describe | | | 5 |
| | | | |
| 42. Interests in partnersh | ps or joint ventures | | |
| ☐ No☐ Yes. Describe | No. of setting | % of ownership: | |
| 100. 0000100 | Name of entity: | % of ownership. | \$ |
| | | % | \$ |
| | | % | \$ |
| | | | |
| 43. Customer lists, mailin | g lists, or other compilations | | |
| | include personally identifiable information (as defined in 11 U.S.C. § 101(41A |))? | |
| ☐ No | | | |
| 🗖 Yes. Desc | ribe | | \$ |
| | | | |
| | property you did not already list | | |
| ☐ No☐ Yes. Give specific | | | _ |
| information | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 45. Add the dollar value of | of all of your entries from Part 5, including any entries for pages you have at | tached | \$ 0 |
| for Part 5. Write that r | number here | → | |
| To the second and the second s | | | a data erratunasion jähinden sijä kinnin kan kelystan nakasa käsin kun täänelekin kennin on on on ondisterin käydissikuvis vivat kuntu |
| Part 6: Describe A | ny Farm- and Commercial Fishing-Related Property You Own or Ha | ve an Interest Ir |) . |
| If you own or | have an interest in farmland, list it in Part 1. | | |
| | | | |
| 46. Do you own or have a ✓ No. Go to Part 7. | ny legal or equitable interest in any farm- or commercial fishing-related prop | perty r | |
| Yes. Go to line 47. | | | |
| | | | Current value of the portion you own? |
| | | | Do not deduct secured claims |
| | | | or exemptions. |
| 47. Farm animals Fxamples: Livestock, p | oultry, farm-raised fish | | |
| ☐ No | | | |
| ☐ Yes | | and the second s | |
| | | | \$ |

CARLA O. TIMMERS Case number (if known) Debtor 1 48. Crops—either growing or harvested ☐ No Yes, Give specific information...... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... \$ 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **1** No ☐ Yes. Give specific information..... 0 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 0.00 55. Part 1: Total real estate, line 2 10107.00 56. Part 2: Total vehicles, line 5 750.00 57. Part 3: Total personal and household items, line 15 794.00 58. Part 4: Total financial assets, line 36 0 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0 61. Part 7: Total other property not listed, line 54 11651.00 11651.00 Copy personal property total 👈 62. Total personal property. Add lines 56 through 61. 11651.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

Case 1-20-40066-cec

Doc 1

Filed 01/07/20

Entered 01/07/20 10:16:51

| Fill in this informa | tion to identify your cas | e: | | | | |
|--|--|---|--|---------------------------|--|--|
| Debtor 1 CAR | LA O. TIMMERS | Vamo | Last Name | | | |
| Debtor 2 | TIE MIGGIE IN | taine | Lastivalio | | | |
| (Spouse, if filing) First Na | me Middle N | √ame | Last Name | | | |
| United States Bankru | ptcy Court for the: EASTER | RN DISTRICT | OF NEW YO | RK | | |
| Case number(If known) | | | - | | | Check if this is an amended filing |
| Official Forn | n 106C | | | | | |
| Schedule | C: The Pr | operty | You | Claim | as Exemp | 04/19 |
| Jsing the property vo | ou listed on <i>Schedule A/B</i> out and attach to this page | : Property (Official | al Form 106A | B) as your | source, list the property that | supplying correct information. I you claim as exempt. If more I of any additional pages, write |
| f any applicable st etirement funds—r mits the exemption | atutory limit. Some exer | mptions—such ar amount. How mount and the | as those for rever, if you o | nealth aids Iaim an ex | , rights to receive certain | arket value under a law that |
| Part 1: Identif | fy the Property You C | laim as Exem | ıpt | | | |
| | | | | | is filling with you | |
| | kemptions are you claim | | | | | |
| | iming state and federal no iming federal exemptions. | | | J.S.G. § 52 | 2(0)(3) | |
| • Fou are clai | ming rederal exemplions. | 11 0.0.0. 3 02. | -(0)(-) | | | |
| 2. For any proper | ty you list on <i>Schedule</i> . | A/B that you cla | aim as exemp | t, fill in the | information below. | |
| | | | | | | Specific laws that allow exemption |
| | on of the property and line that lists this property | e on Current v portion y | value of the ou own | Amount o | f the exemption you claim | Specific laws that allow exemption |
| | | Copy the Schedule | value from A/B | Check only | one box for each exemption | |
| Brief | HOUSEHOLD GOODS | \$ | 300.00 | 9 \$ | 300.00 | 11 U.S.C. § 522(d)(3) |
| description: Line from | | | | | of fair market value, up to | |
| Schedule A/B: | 6 | | | any ar | oplicable statutory limit | that a supplemental territorial composition and the supplemental confidence of the supplemental territorial con |
| Brief | ELECTRONICS | r. | 200.00 | ☑ \$ | 200.00 | 11 U.S.C. § 522(d)(3) |
| description: | ELECTRONICS | | | | of fair market value, up to | |
| Line from Schedule A/B: | 7 | | | any a | pplicable statutory limit | Company of the Compan |
| Brief | CLOTHES | ¢ | 200.00 | ☑ \$ | 200,00 | 11 U.S.C. § 522(d)(3) |
| description: | OLOTTICS | Ψ | | ☐ 100% | of fair market value, up to | |
| Line from Schedule A/B: | 11 | | | any a | oplicable statutory limit | |
| Are you claimi (Subject to adju | ing a homestead exempt istment on 4/01/22 and ev | tion of more that ery 3 years after | n \$170,350? r that for case | s filed on or | after the date of adjustmen | t.) |
| ☑ No ☐ Yes. Did yo ☐ No | u acquire the property cov | vered by the exe | mption within | 1,215 days | before you filed this case? | |
| ☐ No☐ Yes | | | المعارض المرافق المساولات المرافق المر | | Commence of the control of the contr | and the second second section of the second second section of the second section of the second section of the second section of the second section section section sections and the second section sec |
| and the second s | the contract of the second | And the second second second second | | / | | |

Debtor 1

| CARLA | O. TIMMERS | | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

| Case number (if known) | |
|------------------------|--|
|------------------------|--|

Part 2:

Additional Page

| Brief description on Schedule A | on of the property and line /B that lists this property | Current va | รอดเจรางหวังได้ ของวิจิริโดย พระบบเลือดให้เรื่อง | Am | ount c | of the exemption you claim | Specific laws that allow exemption |
|--------------------------------------|--|--|--|----------|---------|--|--|
| | | Copy the va Schedule A | | Che | eck oni | ly one box for each exemption | |
| Brief description: | PERSONAL ANIMALS | \$ | 50.00 | Ø | | 50.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | 13 | | | | | of fair market value, up to applicable statutory limit | |
| Brief description: | CASH | \$ | 10.00 | | | 10.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 16 | | | | | of fair market value, up to applicable statutory limit | |
| Brief | MCU | | 34.00 | 9 | ···· | 34.00 | 11 U.S.C. § 522(d)(5) |
| description: Line from Schedule A/B: | 17 | Φ | | | 100% | of fair market value, up to applicable statutory limit | |
| Brief description: | FEDERAL TAX REFUND | \$ | 750.00 | Ø | | 750.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | | and the second s | manage of the second | | | of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | | | | |
| Line from Schedule A/B: | | | | | | 6 of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | | | | |
| Line from Schedule A/B: | | | | | | 6 of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | | | (- 5.5- in an adapt value to to | |
| Line from Schedule A/B: | | | ************************************** | | | 6 of fair market value, up to applicable statutory limit | and the second |
| Brief description: | | \$ | | | | | |
| Line from Schedule A/B: | | | | u | | % of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | | | | |
| Line from Schedule A/B: | | www.ss.com | - Marie - Mari | | | 6 of fair market value, up to applicable statutory limit | |
| Brief description: | | \$ | | | | 6 of fair market value, up to | |
| Line from Schedule A/B: | | and the second s | | | | applicable statutory limit | magnetic control of the second control of the second control of the second control of the second control of the |
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| Line from Schedule A/B: | | | | ل | any a | % of fair market value, up to applicable statutory limit | and the second s |

| Dation 1 CARLA O, TIMMERS Residence Ministration List Name Case number Jecome Although Cynochrope Court for the EASTERN DISTRICT OF NEW YORK Case number Jector Case | | | | |
|--|--|--|-----------------------|----------------------------|
| Column Testiman Mide Share Last News Last Ne | Fill in this information to identify your case | X | | |
| United States Barkrupty Court for ther. EASTERN DISTRICT OF NEW YORK Case number Case of the Case | DCD(O) | ime Last Name | | |
| United States Bankruptory Court for the: EASTERN DISTRICT OF NEW YORK Case number Check if this is an amended filling Check if this is an amended filling Check if this is an amended filling Check if this claim relates to a community debit Contingent Check if this claim relates to a community debi | | Lock Name | | |
| Check if this is an amended filling | EASTED | **** | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, cepy the Additional Page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page, fill it cut, number the entries, and attach it to this form. On the top of any additional page of any additional page and the fill in the page and additional page and the fill in the page and additional page and the page and additional page and additional page and the page and additional page and additional page and the page and additional page and the fill in the page and additional page and addit page and additional page and additional page and additional pag | United States Bankruptcy Court for the: | NA DIGITION OF NEW YORK | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 E as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check his box and submit this form to the court with your other schedules. You have nothing else to report on this form. 2. List all secured claims. If a creditor has more than one secured claim, list the other creditor separately for each claim if from than those creditor is a particular claim, list the other creditor separately. Any all of collatinal that supports this for each claim if from than those creditor is a particular claim, list the other creditor separately. Any all of collatinal that supports this control of the claim is a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a particular claim, list the other creditor separately. As a claim claim claim claim claim. As a particular claim, list the other creditor separately. As a claim claim claim claim claim | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional page, write your name and case number (if incovn). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 15 | | | | amended filing |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional page, write your name and case number (if incovn). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 15 | Official Form 106D | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Y | * · · · · · · · · · · · · · · · · · · · | · What Have Claims Secur | ad by Draw | order total |
| and additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Yes, Fill in all of the information below. Ye | | | | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1] CAPITAL ONE BANK Cleidure's Name BROOKLYN NY 11207 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At Island or the date you file, the claim is: Check all that apply. Check iff this claim relates to a community debt Date debt was incurred As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Debtor 1 only Debtor 2 only At Island or the debtors and another Check all that apply adagment len from a lawsuit Check iff this claim relates to a community debt Date debt was floured As of the date you file, the claim is: Check all that apply. Last 4 digits of account number As of the date you file, the claim is: Check all that apply. Last 4 digits of account number As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed Disputed Disputed Disputed Disputed Disputed As of the date you file, the claim is: Check all that apply. Codingent Undiquidated Disputed Dispu | information. If more space is needed, copy additional pages, write your name and case. 1. Do any creditors have claims secured by | the Additional Page, fill it out, number the entries, e number (if known). y your property? | and attach it to this | form. On the top of any |
| 2. List all secured claims, if a creditor has more than one secured claim. list the ordeflor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. Amuch as possible, list the claims in alphabetical order according to the creditor's name. 2.1 CAPITAL ONE BANK Describe the property that secures the claims: PERONSYLVANIA AVENUE Street | Yes. Fill in all of the information below. | | | |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. Amount of claim by a possible, list the claims in alphabetical order according to the creditor's name. 2.1 CAPITAL ONE BANK Describe the property that secures the claims: 8 21500.00 Describe the property that secures the claims: 8 21500.00 Describe the property that secures the claim is: Check all that apply. Contingent Uniliquidated Disputed Who owes the debt? Check one. Debtor 2 only Debtor 1 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Describe the property that secures the claim: Check if this claim relates to a community debt Describe the property that secures the claim: Street As of the date you file, the claim is: Check all that apply. A least one of the debtors and another of lien. Check all that apply. City State 2 PCode Who owes the debt? Check one. Nature of lien. Check all that apply. Contingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Undiquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Undiquidated Disputed Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only A greenment you made (such as mortgage or secured car loan) Disputed Who owes the debt? Check one. Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only A greenment you made (such as mortgage or secured car loan) Disputed Who owes the debt? Check one. Debtor 1 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 5 only Debtor 6 only Check in the claim 5 only Check one. Debtor 6 only Check in the claim 5 only Check one. Debtor 6 only Check in the claim 5 only Check one. Debtor 6 only Check in the claim 5 only Check one. Debtor 6 only Check in the claim 5 only Check one. Debtor 6 only Check in the claim 5 | Port 1. List All Socured Claims | | | |
| for each claim. If more than one creditor has a particular claim, list the other creditor's name. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 CAPITAL ONE BANK Describe the property that secures the claim: 875 PENNSYLVANIA AVENUE Number Street Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 o | | | | Column B Column C |
| Creditor's Name Pastric Pastri | for each claim. If more than one creditor ha | as a particular claim, list the other creditors in Part 2. | Do not deduct the | that supports this portion |
| Street S | CAPITAL ONE BANK | Describe the property that secures the claim: | <u>\$ 21500.00</u> | \$ 10107.00 \$ 11393.00 |
| As of the date you file, the claim is: Check all that apply. Contingent | 875 PENNSYLVANIA AVENUE | VEHICLE ALTIMA NISSAN | | |
| BROOKLYN NY 11207 City State ZIP Code Disputed Who owes the debt? Check one. Who cowes the debt? Check one. Who cowes the debtor 2 only Debtor 1 and Debtor 2 only City State ZIP Code Who cowes the debtors and another City Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who owes the debt? Check one. Debtor 1 only Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 | Number Street | As of the date you file, the claim is: Check all that appl | | |
| Debtor 1 only | | ☐ Unliquidated | | |
| Debtor 2 only | Who owes the debt? Check one. | Nature of lien. Check all that apply. | | |
| Debtor 1 and Debtor 2 only | . — | | | |
| At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Street As of the date you file, the claim is: Check all that apply. City State | | · | | |
| Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Date debt was incurred Last 4 digits of account number | - | . • | | |
| Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Describe the property that secures the claim: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | Other (including a right to onset) | | |
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| Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number | | Describe the property that secures the claim: | \$ | ΦΦ |
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| City State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number | | ☐ Contingent | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | City State ZIP Code | | | |
| □ Debtor 1 only □ An agreement you made (such as mortgage or secured car loan) □ Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to offset) □ Date debt was incurred □ Last 4 digits of account number □ □ Check if this claim relates to a community debt □ Last 4 digits of account number □ □ Check if this claim relates to a community debt □ Last 4 digits of account number □ □ Check if this claim relates to a community debt □ Last 4 digits of account number □ □ Check if this claim relates to a community debt □ Check if this claim relates to a community claim relates to a community claim relates to a community claim relates to a | • | • | | |
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| At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number | | | | |
| Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number | | ☐ Judgment lien from a lawsuit | | |
| community debt Date debt was incurred Last 4 digits of account number | | U Other (including a right to offset) | | |
| | community debt | Last A digits of account number | | |
| | | | \$21500 | |

| Schedule E/F: Creditors Who Have Unsecured Claims | 12 |
|--|----------------------------|
| Official Form 106E/F | |
| Case number(if known) | Check if this amended fili |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| Debtor 1 CARLA O. TIMMERS First Name Middle Name Last Name | |
| Fill in this information to identify your case: | |

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Do any creditors have priority unsecured claim ✓ No. Go to Part 2. ✓ Yes. | | | | |
|---|---|---------------------------------------|-------------------------------|-------------------------------------|
| each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of | reditor has more than one priority unsecured claim, list is a claim has both priority and nonpriority amounts, list is claims in alphabetical order according to the creditor's Part 1. If more than one creditor holds a particular claimstructions for this form in the instruction booklet.) | hat claim here ai name. If you hav | nd show both e more than t | priority and wo priority |
| | | | amount | amount |
| Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | \$\$ |
| | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that app | iy. | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed | | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | t | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | Claims for death or personal injury while you were intoxicated | | | |
| No | Other. Specify | _ | | |
| Yes | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | When was the debt incurred? | Ψ | <u> </u> | |
| Number Street | As of the date you file, the claim is: Check all that app | ıly. | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Tune of DDIODITY ungooured claim: | | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the governmen | nt | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| Check if this claim is for a community debt | intoxicated | | | |
| Is the claim subject to offset? | Other. Specify | | | |
| ☐ No | | | | |
| Yes | | | | *********************************** |

Debtor 1

CARLA O. TIMMERS

irst Name Middle Name

Last Name

Case number (if known)

| Par | tt 2: List All of Your NONPRIORITY Uns | ecured Claims | | | | |
|--|--|----------------------|---|--|------------------------|--------------|
| 3. | Do any creditors have nonpriority unsecured cl | aims against you | ? | | | |
| | No. You have nothing to report in this part. Sub | | | | | |
| | List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor separa included in Part 1. If more than one creditor holds a claims fill out the Continuation Page of Part 2. | ately for each claim | For each claim listed, identify wha | at type of claim it is. Do not | list cla | alms already |
| | | | | | Tot | al claim |
| 4.1 | ASHRO | | Last 4 digits of account number | <u>0225 </u> | s | 374.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? | <u>11/24/15</u> | | |
| | 1515 S 21ST ST Number Street | | | | | |
| | CLINTON | 52732 | | | | |
| | City State | ZIP Code | As of the date you file, the claim | is: Check all that apply. | | |
| | | | Contingent | | | |
| | Who incurred the debt? Check one. | | Unliquidated | | | |
| | Debtor 1 only | | ☐ Disputed | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | ☐ Student loans | | | |
| | _ | | Obligations arising out of a separ | ration agreement or divorce | | |
| | ☐ Check if this claim is for a community debt | | that you did not report as priority | claims | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing | | | |
| | ☑ No | | Other. Specify CREDIT CA | אחט | | |
| | ☐ Yes | | | | | |
| 4.2 | CAPITAL ONE AUTO FINAN | | Last 4 digits of account number | | <u>\$_2</u> | 2086.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? | 5/15/18 | | |
| | 3901 DALLAS PKWY | | | | | |
| | Number Street | | As of the date you file, the claim | is: Check all that annly | | |
| | PLANO TX City State | 75093 ZIP Code | | tot offoot all that apply: | | |
| | | 211-0000 | ☐ Contingent☐ Unliquidated | | | |
| | Who incurred the debt? Check one. | | Disputed | | | |
| | Debtor 1 only | | Disputou | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecu | ıred claim: | | |
| | At least one of the debtors and another | | ☐ Student loans | | | |
| | | | Obligations arising out of a sepa | ration agreement or divorce | | |
| | ☐ Check if this claim is for a community debt | | that you did not report as priority Debts to pension or profit-sharing | | | |
| | Is the claim subject to offset? | | Other. Specify AUTOMOB | | | |
| | ☑ No ☑ Yes | | • | | | |
| | Technical contraction of the con | | | | STANDARD TO THE OWNER. | |
| 4.3 | CAPITAL ONE BANK USA N | | Last 4 digits of account number | | \$ | 233.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? | 5/9/16 | | |
| | PO BOX 85520 Number Street | | | | | |
| | RICHMOND VA | 23285 | As of the date you file, the claim | is: Check all that apply. | | |
| | City State | ZIP Code | <u> </u> | • | | |
| | Who incurred the debt? Check one. | | ☐ Contingent☐ Unliquidated | | | |
| | ☑ Debtor 1 only | | Disputed | | | |
| | Debtor 2 only | | • | | | |
| The second secon | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecu | ured claim: | | |
| P Committee Constitution of Co | ☐ At least one of the debtors and another | | ☐ Student loans | | | |
| Personalismos | Check if this claim is for a community debt | | Obligations arising out of a sepa | ration agreement or divorce | | |
| - | Is the claim subject to offset? | | that you did not report as priority Debts to pension or profit-sharin | | ; | |
| - | ☑ No | | Other, Specify CREDIT C | | | |
| B. A. C. | ☐ Yes | | | | | |

Debtor 1

CARLA O. TIMMERS

st Name Middle Name Last Name

Case number (if known)____

Part 2:

| Afte | r listing any entries on this page, numbe | r them beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|---|-----------------------|
| 4.4 | COMENITYCB/MYPLACERWDS | | Last 4 digits of account number 5933 | s 616.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 3/27/16 | |
| | PO BOX 182120 | | | |
| | Number Street COLUMBUS OH | 43218 | As of the date you file, the claim is: Check all that apply. | |
| | City State | | Contingent | |
| | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| | ☐ At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community | debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other, Specify CREDIT CARD | |
| | ☑ No | | Curion Options | |
| | Yes | | | |
| 4.5 | | n assession and an electronical transposition for the contract of the contract | Last 4 digits of account number 0042 | s 426.00 |
| | COMENITYCB/SIMPLYBE | | | <u> </u> |
| | Nonpriority Creditor's Name | | When was the debt incurred? $9/16/16$ | |
| | PO BOX 182120 Number Street | | | |
| | COLUMBUS OH | 43218 | As of the date you file, the claim is: Check all that apply. | |
| | City State | | Contingent | |
| | • | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community | debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other, Specify CREDIT CARD | |
| | ☑ No | | | |
| | ☐ Yes | | | |
| 4.6 | | | Last 4 digits of account number 9724 | _{\$} 7207.00 |
| | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name | | | |
| | 121 S 13TH ST | | When was the debt incurred? 10/13/09 | |
| | Number Street LINCOLN NE | 68508 | As of the date you file, the claim is: Check all that apply. | |
| | City State | | Contingent | |
| | • | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| en-allere period | Debtor 1 only | | * CHONDRODITY | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | ☐ At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ender control | ☐ Check if this claim is for a community | debt | Debts to pension or profit-sharing plans, and other similar debts | |
| and the same of th | Is the claim subject to offset? | | Other. Specify | |
| per la constitución de la consti | ☑ No | | | |
| 1 | | | | |

Debtor 1

CARLA O. TIMMERS

irst Name Middle Name

Last Name

Case number (if known)

| 0.5 | • |
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| | |

| Afte | er listing any entries on this page, number the | em beginning wi | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|---|-------------|
| 4.7 | DEPT OF EDUCATION/NELN | | Last 4 digits of account number 2424 | \$ 6092.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 4/26/11 | |
| | 121 S 13TH ST | | wilen was the dept incurred? | |
| | Number Street | 00500 | As of the date you file, the claim is: Check all that apply. | |
| | LINCOLN NE City State | 68508 ZIP Code | Contingent | |
| - management | Oity Cido | 2.11 | Unliquidated | |
| | Who incurred the debt? Check one. | | Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other. Specify | |
| | ☑ No | | | |
| | Yes | | | |
| 4.8 | DEPT OF EDUCATION RELATIONS | nga panggangganggan ayan kasah dinah d | Last 4 digits of account number 1824 | \$ 6092.00 |
| | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name | | | |
| | 121 S 13TH ST | | When was the debt incurred? $\frac{7/6/10}{}$ | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | LINCOLN NE | 68508 | · | |
| Transcondinate of the control of the | City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | Disputed | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | ☑ Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| | No | | Other. Specify | |
| | Yes | | | |
| 4.9 | | | Last 4 digits of account number 9724 | \$_4324.00 |
| | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name | | | |
| | 121 S 13TH ST | | When was the debt incurred? 2/21/12 | |
| | Number Street LINCOLN NE | 68508 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| The state of the s | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| Basel wo GOV Consultan | Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| - | Debtor 2 only Debtor 1 and Debtor 2 only | | | |
| | At least one of the debtors and another | | Student loansObligations arising out of a separation agreement or divorce that | |
| The second secon | | | you did not report as priority claims | |
| Annual Control of Cont | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| - | Is the claim subject to offset? | | Other. Specify | |
| - | Ø No | | | |
| | Yes | | | in a second |

Debtor 1

CARLA O. TIMMERS

First Name Middle Name Last Name

Case number (if known)

Part 2:

| American to the following to make an about the device the control of the control of the make and a control of | and the second s | | |
|---|--|---|-----------------------|
| DEPT OF EDUCATION/NELN | | Last 4 digits of account number 9624 | \$ 13122.C |
| Nonpriority Creditor's Name | | When was the debt incurred? 2/21/12 | |
| 121 S 13TH ST Number Street | | | |
| | NE 685 | As of the date you file, the claim is: Check all that apply. | |
| | State ZIP C | Contingent | |
| Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | |
| At least one of the debtors and another | | Student loansObligations arising out of a separation agreement or divorce that | |
| | 4 | you did not report as priority claims. | |
| Check if this claim is for a communi | ty debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other. Specify | |
| ☑ No ☑ Yes | | | |
| DEPT OF EDUCATION/NELN | CONTRACTOR CONTRACTOR AND | Last 4 digits of account number 9824 | \$ 3972.0° |
| Nonpriority Creditor's Name | | When was the debt incurred? 10/13/09 | |
| 121 S 13TH ST | | When was the debt incurred? 10/13/09 | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | NE 685 | e Contingent | |
| City | state ZIF C | Unliquidated | |
| Who incurred the debt? Check one. | | Disputed | |
| Debtor 1 only | | · | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | Student loans | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a communi | ty debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other. Specify | |
| ☑ No | | | |
| Yes | | | |
| DEPT OF EDUCATION/NELN | noongo i geografia kana kana kana kana kana kana kana ka | Last 4 digits of account number 9624 | _{\$_} 3603.0 |
| Nonpriority Creditor's Name | | 40/40/00 | |
| 121 S 13TH ST | | When was the debt incurred? 10/13/09 | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | NE 685 State ZIP 0 | | |
| City | State ZIP C | e Contingent Unliquidated | |
| Who incurred the debt? Check one. | | Disputed | |
| Debtor 1 only | | · | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | Student loans | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a communi | ty debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other. Specify | |
| ☑ No | | • | |
| Yes | * | | |

Debtor 1

CARLA O. TIMMERS

st Name Middle Name Last Name

Case number (if known)

| Dart | 9 |
|------|---|
| rait | 1 |

| Afte | r listing any entries on this page, number then | n beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|---|-------------|
| 4.13 | DEPT OF EDUCATION/NELN | | Last 4 digits of account number 9915 | s 23354.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 9/2/16 | Ψ |
| | 121 S 13TH ST | | When was the debt incurred? 9/2/10 | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | LINCOLN NE | 68508 | | |
| | City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | . Unliquidated Disputed | |
| | Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | |
| | At least one of the debtors and another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other. Specify | |
| | ☑ No | | | |
| | Yes | | | |
| 4.14 | | ngangalah di kali kuju di kabupat di Peruju amanan Michel Salah Salah Salah Salah Salah Salah Salah Salah Sala | Last 4 digits of account number 9524 | s 1144.00 |
| | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name | | | |
| | | | When was the debt incurred? $6/30/09$ | |
| | 121 S 13TH ST Number Street | | A | |
| | LINCOLN | 68508 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| | | | Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other. Specify | |
| | ☑ No | | | |
| | Yes | | | |
| 4.15 | DEDT OF EDUCATIONALE! N | | Last 4 digits of account number 1924 | \$_11914.00 |
| | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name | | | |
| | 121 S 13TH ST | | When was the debt incurred? 7/6/10 | |
| vi interesse de la constante d | Number Street LINCOLN NE | 68508 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| property or a party of the same of the sam | · | | Unliquidated | |
| *************************************** | Who incurred the debt? Check one. | | ☐ Disputed | |
| SATIS CONTRACTOR | Debtor 1 only | | Time of NONDRIORITY unaccured claim: | |
| Special designation of the second sec | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Construction of the Constr | Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans | |
| X00-40-40-40-40-40-40-40-40-40-40-40-40-4 | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| machine sales | Is the claim subject to offset? | | Other. Specify | |
| The state of the s | ☑ No | | | |
| | Yes | | | |
| E CONTRACTOR DE | | | | |

Debtor 1

CARLA O. TIMMERS

st Name Middle Name Last Name

Case number (if known)_____

Part 2:

| Afte | r listing any entries on this page, number the | m beginning wi | ith 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|----------------|---|--|
| 4.16 | DEPT OF EDUCATION/NELN | | Last 4 digits of account number 4424 | \$ 11393.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 9/16/08 | |
| | 121 S 13TH ST | | When was the debt incurred? 9/10/08 | *************************************** |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | LINCOLN NE | 68508 | | |
| | City State Who incurred the debt? Check one. | ZIP Code | Contingent Unliquidated | Construction (Construction) |
| | _ | | ☐ Disputed | T villa cid. villa cid |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | •• | |
| | At least one of the debtors and another | | Student loansObligations arising out of a separation agreement or divorce that | in the second se |
| | | | you did not report as priority claims | anger of the control |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | The state of the s |
| | Is the claim subject to offset? | | Other. Specify | |
| | ☑ No | | | The state of the s |
| | Yes | | | The state of the s |
| 4.17 | DEPT OF EDUCATION/NELN | | Last 4 digits of account number 2524 | \$ 11363.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 4/26/11 | |
| | 121 S 13TH ST | | When was the debt incurred? 4/26/11 | iller i construir de la constr |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | LINCOLN NE | 68508 | | |
| | City State | ZIP Code | Contingent | Company of the Compan |
| | Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | |
| | | | Disputed | populari |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | organical |
| | Debtor 1 and Debtor 2 only | | ☑ Student loans | a de la companya de l |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | non-Principle debut |
| | | | you did not report as priority claims | Professional |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | Aug general |
| | Is the claim subject to offset? | | Other, Specify | and other management of the state of the sta |
| | ☑ No | | | anaenodes |
| | Yes | | | Management |
| 4.18 | | | Last 4 digits of account number 4324 | \$ <u>4007.00</u> |
| | DEPT OF EDUCATION/NELN | | | ouginanoese |
| | Nonpriority Creditor's Name 121 S 13TH ST | | When was the debt incurred? 9/16/08 | negativation operations |
| depart (Andread | Number Street LINCOLN NE | 68508 | As of the date you file, the claim is: Check all that apply. | Transition to the state of the |
| | City State | ZIP Code | Contingent | - |
| | Julio Julio | | Unliquidated | оспольно |
| or controllaboration | Who incurred the debt? Check one. | | Disputed | |
| NO. | Debtor 1 only | | | locayotistababa |
| District of the second | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | Linespecies |
| U-constitution (B | ☐ Debtor 1 and Debtor 2 only | | Student loans | у у у у у у у у у у у у у у у у у у у |
| 1 | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | a-coconing |
| and other lines | ☐ Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Soller Should be seen as a second sec | Is the claim subject to offset? | | Other. Specify | and declarated the second |
| d designation of the second | | | Other, opening | 200 |
| | ☑ No | | | 200 |
| and the same of th | Yes | | | **** |

Debtor 1

CARLA O. TIMMERS

rst Name Middle Name Last Name

Case number (if known)_____

Part 2:

| Afte | er listing any entries on this page, number then | n beginning with | 4.4, followed by 4.5, and so forth. | | Total claim |
|--|--|--|--|----------------------------------|-------------|
| 4,19 | LVNV FUNDING LLC | | Last 4 digits of account number | 4674 | \$ 720.00 |
| Light | Nonpriority Creditor's Name | | — When was the debt incurred? | 2/20/18 | |
| S. Constitution of the Con | PO BOX 740281 | | - When was the dept incurred r | <u> </u> | |
| and on the second secon | Number Street HOUSTON TX | 77274 | As of the date you file, the claim | is: Check all that apply. | |
| Apparation or travellable view to collect. | City State Who incurred the debt? Check one. | ZIP Code | Contingent Unliquidated Disputed | | |
| or office Apparatures | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecu | red claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | | |
| And the state of t | At least one of the debtors and another | | Obligations arising out of a sepa | | |
| ment consistence of the constraint of the constr | lacksquare Check if this claim is for a community debt | | you did not report as priority clai Debts to pension or profit-sharin | | |
| | Is the claim subject to offset? | | Other. Specify OTHER | L PROPERTY AN | |
| months of the state of the stat | ☑ No □ Yes | | | | |
| 4.20 | MIDLAND FUNDING | enterview (1994) | Last 4 digits of account number | 1216 | \$ 356.00 |
| | Nonpriority Creditor's Name | | — When was the debt incurred? | 2/27/17 | |
| and the second | 8875 AERO DR STE 200 | | - Wileii Was the dept mounted: | <u></u> | |
| and the second second | Number Street SAN DIEGO CA | 92123 | As of the date you file, the claim | is: Check all that apply. | |
| AND CONTRACTOR CONTRAC | City State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | Disputed | | |
| - 100 control | Debtor 1 only | | T (NONDO)ODITY | and alabas | |
| | Debtor 2 only | | Type of NONPRIORITY unsecu | red claim: | |
| non Tournal endels brown | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | | Student loans Obligations arising out of a sepa | ration agreement or divorce that | |
| and the state of t | ☐ Check if this claim is for a community debt | | you did not report as priority clair Debts to pension or profit-sharin | | |
| | Is the claim subject to offset? | | Other, Specify OTHER | | |
| | ☑ No ☐ Yes | | | | |
| 4.21 | | | Last 4 digits of account number | 9684 | \$ 445.00 |
| | MIDLAND FUNDING Nonpriority Creditor's Name | | | 2/27/17 | |
| CONTRACTOR OF THE CONTRACTOR O | 8875 AERO DR STE 200 | | When was the debt incurred? | 2/2//// | |
| and the second of the second o | Number Street SAN DIEGO CA | 92123 | As of the date you file, the claim | is: Check all that apply. | |
| The second secon | City State | ZIP Code | Contingent | | |
| - constant Property in the State of the Stat | Who incurred the debt? Check one. | | UnliquidatedDisputed | | |
| - Constitution of the Cons | Debtor 1 only | | T A NONDOODITY | rad alaim: | |
| | Debtor 2 only | | Type of NONPRIORITY unsecu | rea ciaim. | |
| And the second s | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Student loansObligations arising out of a sepa | | |
| | | | you did not report as priority clai | | |
| Dividende | Check if this claim is for a community debt | | Debts to pension or profit-sharinOther, Specify OTHER | g plans, and other similar debts | |
| | Is the claim subject to offset? ☑ No | | Other. Specify OTHER | | |
| WIND TO A CO. OF | Yes | | | | scrold-14 |

Debtor 1

CARLA O. TIMMERS

rst Name Middle Name

Last Name

Case number (if known)_____

Part 2:

| Afte | r listing any entries on this page, number the | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|-------------------|---|--|
| 4.22 | MIDNIGHT VELVET | | Last 4 digits of account number 0225 | s 221.00 |
| or car i se contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contrata de la contrata del contra | Nonpriority Creditor's Name | | When was the debt incurred? $12/8/15$ | |
| S ALUSSIAN S | Number Street | | As of the date you file, the claim is: Check all that apply. | A CONTRACTOR OF THE CONTRACTOR |
| and the second | MONROE WI | 53566 | | тария удром |
| -Medicological | City State | ZIP Code | Contingent | an managaran popular |
| - Angele - Charlest - | Who incurred the debt? Check one. | | ☐ Unliquidated☐ Disputed☐ | |
| oppoint to the speciment | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | All of the second of the secon |
| 7-07-0-000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Student loans | And the second s |
| out settle de la contraction d | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | No. of the Control of |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | 1000mmm0000 |
| No. No. of Local Contractions of Local Contr | Is the claim subject to offset? | | Other. Specify CREDIT CARD | 100 HP |
| | ☑ No | | | go, pje a approxima |
| and the same of th | ☐ Yes | | | |
| 4.23 | NEW YORK STATE | | Last 4 digits of account number UNKNOWN | _{\$} 10000.00 |
| | Nonpriority Creditor's Name | | | |
| | 99 WASHINGTON AVENUE | | When was the debt incurred? 2019 | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | Agenda |
| | ALBANY NY City State | 12210 ZIP Code | Contingent | |
| | City State | Zii Gode | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| - | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Student loans | |
| Gaster-Schoolson | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| euronovenente. | Is the claim subject to offset? | | Other. Specify SIGN POST ACCIDENT | |
| | Ø No | | | |
| | Yes | | | 222 |
| 4.24 | PORTFOLIO RECOVERY ASSOCIATES, LLC | | Last 4 digits of account number 7431 | \$ 330.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? 2/27/18 | |
| | 120 CORPORATE BLVD | | When was the dept incurred? | |
| | Number Street NORFOLK VA | 23502 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| | Who incomed the daht? Charles | | Unliquidated | |
| and the same of th | Who incurred the debt? Check one. | | ☐ Disputed | |
| nanopresisti | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| Paradigue Principal | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | : | you did not report as priority claims | |
| and a second second | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify OTHER | |
| Tadama. | No | | | |
| e-energy- | Yes | | | |
| | | | | raposer* |

Debtor 1

CARLA O. TIMMERS

rst Name Middle Name

Last Name

Case number (if known)_____

Part 2:

| Afte | r listing any entries on this page, ກເ | ımber ther | n beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|--|---|--|
| 4.25 | 4.25 PORTFOLIO RECOVERY ASSOCIATES, LLC | | | Last 4 digits of account number 0042 | s 426.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 6/12/18 | Y |
| | 120 CORPORATE BLVD | | | When was the debt incurred? <u>0/12/18</u> | age and the grade of the grade |
| COLUMN TO THE CO | Number Street | | | As of the date you file, the claim is: Check all that apply. | - Parity September 1 |
| | NORFOLK | VA | 23502 | | paginaging |
| STATE OF THE STATE | City | State | ZIP Code | Contingent | 0000 |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | a disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | acquipment of the second |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | October |
| | Check if this claim is for a commu | nity deht | | you did not report as priority claims | bolyconana |
| | | inty domi | | Debts to pension or profit-sharing plans, and other similar debts | |
| o de la companya de l | Is the claim subject to offset? | | | Other. Specify OTHER | * |
| The state of the s | ☑ No | | | | and a second |
| pagament and a state of the sta | Yes | | | | |
| 4.26 | | AND | A CONTRACTOR OF THE CONTRACTOR | Last 4 digits of account number 5933 | s 574.00 |
| | PORTFOLIO RECOVERY ASSOCIATES, LLC | | | | |
| | Nonpriority Creditor's Name | | | When was the debt incurred? $6/12/18$ | |
| | 120 CORPORATE BLVD Number Street | | | | |
| | NORFOLK | VA. | 23502 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | □ Contingent | |
| | | | | Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| 000000000000000000000000000000000000000 | Debtor 1 only | | | Town of MONDRIORITY unconvend claims | 80 |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | - Constitution |
| 4 | Debtor 1 and Debtor 2 only | | | Student loans | a marina de como de co |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 900 |
| | ☐ Check if this claim is for a commu | nity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | is the claim subject to offset? | | | Other, Specify OTHER | |
| | ☑ No | | | | |
| | Yes | | | | |
| 407 | | | | | _{\$} 242.00 |
| 4.27 | THROUGH THE COUNTRY DO | | | Last 4 digits of account number 0225 | φ <u> </u> |
| CONTRACTOR OF THE PROPERTY OF | Nonpriority Creditor's Name | | | | |
| on the second se | 1112 7TH AVE | | | When was the debt incurred? 11/24/15 | |
| and an artist of the second | Number Street MONROE | WI | 53566 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only | | | | |
| - | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| D. Contraction of the Contractio | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| guerri adiptida | ☐ Check if this claim is for a commu | ınity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify CREDIT CARD | |
| L-day-read | ☑ No | | | | |
| Carried Control | Yes | | | | |
| Section | | nadora su antinacio su como colimativi intratora | | | **** |

Debtor 1

CARLA O. TIMMERS

rst Name Middle Name

Last Name

Case number (if known)_____

| Part | 2: |
|-------------|----|

| VERIZON WIRELESS | Last 4 digits of account number 0001 | s 1438.0 |
|---|---|----------|
| Nonpriority Creditor's Name | 40/00/47 | • |
| PO BOX 650051 | When was the debt incurred? 12/22/1/ | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| DALLAS TX 75265 | | |
| City State ZIP Code | Contingent | |
| Miles to account the debto Cheek are | ☐ Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only | | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify OTHER | |
| ☑ No | | |
| ☑ Yes | | |
| | | |
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only | · | |
| ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only | Student loans | |
| ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| Observation aloise in for a community dobt | you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| □ No. | | |
| Yes | | |
| | to the state of a second must be | \$ |
| Nonpriority Creditor's Name | Last 4 digits of account number | |
| | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | □ Contingent □ Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| _ | Lispated | |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| □ No | | |
| ☐ Yes | | |

Debtor 1

CARLA O. TIMMERS

t Name Middle Name Last Name

Case number (if known)_____

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| | | iaditional perso | ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|---|--|--|--|
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| iaiilt | | | Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| umber Street | | | □ Part 2: Creditors with Nonpriority Unsecured Claim |
| | | | Leat A digite of account number |
| | | | Last 4 digits of account number |
| Dity veranisasyonapaaneerisen valkoondeelin viinteliningiist | State State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| ity | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| ity | State | ZIP Code | Last 4 digits of account number |
| TION | STATE SOCIETATION CONTRACTOR STATE CONTRACTOR STATE CONTRACTOR CO | 211 000 | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | | | , |
| umber Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| ity | State | ZiP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | Last 4 digits of account number |
| ity | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Stree | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | |
| lame | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| iaiile | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Stree | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| Dity | State | ZIP Code | Last 4 digits of account number |
| | | no del appropriato di minima del propriato d | |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|--------------|---|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 107587.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 38487.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | | 146074.00 |

| Fill in this information to identify your case: | | | | | | |
|--|------------------|-------------|-----------|--|--|--|
| Debtor | CARLA O. TIMMERS | | | | | |
| Debioi | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse If filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | | | | | |
| Case number | | | | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company wi | th whom you | have the contract or lease | State what the contract or lease is for |
|--|--|-------------------------------------|--|---|
| 2.1 | | | EN ONES DE LA CONTRACTION DEL CONTRACTION DE LA | |
| | NYCHA | | | RENT |
| ************************************** | 90 VANDALIA AVE | ENITE | | |
| - Stage Continues | Number Street | -1401- | AND THE PROPERTY OF THE PROPER | |
| VALUE OF THE PARTY | BROOKLYN | NY | 11239 | |
| A.B. A.G. Carrier and St. Carr | City | State | ZIP Code | |
| 2.2 | gyppeg staffyd wedi no wondd ei chwfelliol o'i diwnoleithio Allysteffer reddwod y cyfer y gell dei dyllaeth y g | | ACCUMENTATION OF THE PROPERTY | |
| - | | | | |
| - The second | Name | | | |
| e de la constante de la consta | Number Street | | | |
| Transfer (197, and | | | | |
| -con-children | City | State | ZIP Code | |
| 2.3 | TO THE RESIDENCE AND THE RESIDENCE AND THE PARTY OF THE P | | \$2.00 Per 100 | |
| | | | The state of the s | |
| - manufacture | Name | | | |
| | Number Street | | Marine Committee | |
| | | | | |
| | City | State | ZIP Code | |
| 2.4 | | | igen op til stansk klade fra det med stom selmt i står klade for det for det en til stansk fred til se for for det en til se for det en ti | |
| | | | | |
| | Name | | | |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| langua junia | | ang nggapapanan 1915 Salat 1987 Sal | | |

| Fill in | this in | forma | tion to | identif | y your cas | se: | | | | | | | | |
|----------|---------------------|-------------------------------------|---|--------------------------------|--|---------------------------------|---------------------|--|------------------|--------------------------|--------------------------|-----------------|---|----------------------------|
| Debto | r 1 | CAR | LA O. | TIMM | ERS | | | | | | | | | |
| | • | First Na | ne | | Middle | Name | | Last Nam | ie | | | | | |
| | e, if filing) | | | | Middle | | , | Last Nam | | | | | | |
| United | l States E | Bankrup | tcy Cou | t for the | EASTE | RN DIS | TRICT | OF NEW | V YOF | RK | | | | |
| | number | | | | | | | | | | | | | |
| (If know | wn) | | | | | | | | | | | | Check amend | if this is ar ed filing |
| ~ cc: | | - | - 40 | ~! ! | | | | | | | | | <u></u> | ·····g |
| | cial F | | | | 🔿 | J - I-4 | | | | | | | | 40/45 |
| | | | | | r Coc | | | | | | | | | 12/15 |
| re filir | ng toge Imber ti | ther, i he ent | ooth are | equal | iv respon | sible for e left. At | r supply | vina corre | ect info | ormation. | . If more s | pace | e and accurate as possible. If two ma is needed, copy the Additional Page top of any Additional Pages, write yo | , fill it out, |
| 1. Do | you h | ave ar | ıy code | btors? | (If you are | e filing a | joint cas | se, do not | list eit | her spous | e as a coc | lebto | r.) | |
| | No | | | | | | | | | | | | | |
| | Yes | a laet | g vears | have | vou lived | in a cor | mmunih | v propert | v state | or territo | orv? (Com | muni | ity property states and territories include | e |
| Ar | izona, C | Californ | nia, Idal | o, Loui | siana, Ne | vada, Ne | w Mexic | co, Puerto | Rico, | Texas, W | ashington | , and | Wisconsin.) | |
| | No. G | | | | | | | | | | | | | |
| | | - | ur spou | se, forn | ner spouse | e, or lega | ıl equiva | lent live v | with you | u at the tir | ne? | | | |
| | □ N | | م حادثات | | ih. stata a | . tavitan | , did you | ı livo? | | | Fill in | tha n | name and current address of that persor | 1 |
| | - Y | es, in ' | WHICH C | ommun | ity state of | terniory | , ala you | r live: | | | | 110 11 | and and our one address of that police. | •• |
| | - | | | | spouse, or le | ant nautual | lant | | | | | | | |
| | 14 | anie oi j | our spou | e, ioimei | spouse, or ic | gai equivai | one | | | | | | | |
| | N | umber | Str | eet | | | | | | | | | | |
| | _ | ity | | | | State | | | | ZIP Code | | | | |
| | | | | | | | | | | | | | and in filling with you I let the perso | n |
| 3. In | Colum | n 1, lis Lline 2 | st all of 2 again | your c | odebtors. odebtor o | . Do not nlv if th: | include at perso | your sponds your sponds | ouse a aranto | s a code: or or cosig | otor it you gner. Mak | ır spo e sul | ouse is filing with you. List the perso re you have listed the creditor on | 11 |
| S | chedule | 9 D (O | fficial F | orm 10 | 16D), Sche | edule E/ | F (Offici | ial Form | 106E/F |), or Sch | edule G ((| Offici | al Form 106G). Use Schedule D, | |
| S | chedule | E/F, | or Sch | edule G | to fill ou | t Colum | n 2. | | | | | | | |
| (| Column | 1: Yo | ur code | btor | | | | | | | | Colu | ımn 2: The creditor to whom you owe | the debt |
| | | | | | | | | | | | | Che | eck all schedules that apply: | |
| 3.1 | | | | | | | | | | | | | Schedule D, line | |
| | Name | | | | | | | | | | | | Schedule E/F, line | |
| | Number | | Street | | | | | | | | | | Schedule G, line | |
| | Oit. | | 122.00.7.11.1 | | | | State | | | ZIP Code | | | | |
| 3.2 | City | | *************************************** | CARGO CABANANTAN SANTAN SANTAN | Japanings group market with interferential file. | here's williams with the second | | COMPANY ASSESSMENT OF THE PARTY OF THE | | | | | | |
| J.2 | Name | | | | | | | | | | | | Schedule D, line | |
| | Money | | Straat | | | | 14000 | | | | | | Schedule E/F, line Schedule G, line | |
| | Number | \$ | Street | | | | | | | | | | Constitutio C, illio | |
| <u> </u> | City | No parabolism conference (COLETY CO | | | Company and the state of the st | S | State | ALANDON STATE OF THE STATE OF T | | ZIP Code | | | | |
| 3.3 | | | | | | | | | | | | | Schedule D, line | |
| | Name | | | | | | | | | | | | Schedule E/F, line | |
| | Number | | Street | | | | | | | | | | Schedule G, line | |
| | | | | | | | | | | | | | | |

page 1

State

ZIP Code

City

| Fill in this in | nformation to identify | your case: | | | | |
|---------------------------------|---|--|-----------------------------|------------------------|-------------|--|
| | CARLA O. TIMME | =BC | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) |) First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | | |
| Case number | • • | | | C | heck if thi | is is: |
| (If known) | | | • | | _ | ended filing |
| V | | **** | | | A suppl | ement showing postpetition chapter 13 as of the following date: |
| Official Fo | orm 106I | | | | MM / DD | D/ YYYY |
| Sched | lule I: You | ır Income | | | | 12/15 |
| If you are ser separate she | parated and your spou | ise is not filing with you top of any additional pa | . do not include info | rmation about v | your spou | ou, include information about your spous se. If more space is needed, attach a nown). Answer every question. |
| 1. Fill in you information | r employment | | Debtor 1 | | | Debtor 2 or non-filling spouse |
| attach a s | e more than one job, eparate page with n about additional s. | Employment status | | d | | ☐ Employed ☐ Not employed |
| Include pa self-emplo | art-time, seasonal, or oyed work. | Occupation | CUSTODIAL | | | |
| | n may include student aker, if it applies. | Employer's name | NYC PARKS | AM | | |
| | | Ellibiosei a liailie | | | <u> </u> | |
| | | Employer's address | 694 THOMAS Number Street | S BOYLAND | STRE | Number Street |
| | | | BROOKLYN | NY 1 | 1212 | |
| | | | City | State ZIP Code | e | City State ZIP Code |
| | | How long employed th | ere? 4 MONTHS | 6 | | |
| Part 2: | Give Details About | Monthly Income | | | | |
| spouse un | lless you are separated our non-filing spouse ha | | yer, combine the info | | | te \$0 in the space. Include your non-filing r that person on the lines |
| below. If y | ou need more space, a | masir a soparate sneet to | | For De | btor 1 | For Debtor 2 or |
| 2. List mon | thly gross wages, sal | ary, and commissions (b | before all payroll | 2. 6 21 | 10.44 | non-filing spouse |
| deduction | | calculate what the month | ny waye would be. | \$ <u>21</u> | 18.11 | \$ |
| 3. Estimate | and list monthly over | rtime pay. | | 3. +\$ | 0.00 | + \$ |

Debtor 1

| CAHLA | O. HMMERS | i | |
|-------|--------------|-----------|--|
| | | | |
| | Middle Massa | Loot Namo | |

Case number (if known)_

| | | For | Debtor 1 | For Debtor non-filing s | | | |
|---|-------------------------|--|--|---|--|--------------------------|--|
| Copy line 4 here | 4 . | \$_ | 2118.11 | \$ | | | |
| 5. Indicate whether you have the payroll deductions below: | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 487.09 | \$ | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | | |
| 5e. Insurance | 5e. | \$ | 0.00 | \$ | | | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | | | |
| 5g. Union dues | 5g. | \$ | 0.00 | \$ | | | |
| 5h. Other deductions. Specify: | 5h. | +\$_ | 0.00 | + \$ | | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$_ | 487.09 | \$ | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1631.02 | \$ | | | |
| 8. List all other income regularly received: | | | | | | | |
| 8a. Net income from rental property and from operating a business, | 8a. | . \$ | 0.00 | \$ | | | |
| profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| Objective and dividende | | \$ | 0.00 | \$ | | | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a depende | nt | Ψ | 0.00 | \$ | | | |
| regularly receive | | Ψ | | Ψ | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| 8d. Unemployment compensation | | \$ | 0.00 | \$ | , , | | |
| 8e. Social Security | | \$ | 0.00 | \$ | | | |
| 8f. Other government assistance that you regularly receive | | | | | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. | | | | | | | |
| Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): | | | | | | | |
| SNAP | | \$ | 353.00 | \$ | | | |
| | | Φ | 000.00 | Ψ | | | |
| 8g. Pension or retirement income | | \$ | 0.00 | \$ | | | |
| 8h. Other monthly income. | | Ψ | | • | | | |
| Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): | | | | | | | |
| | | \$ | 0.00 | \$ | | | |
| | | | | | | | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | | \$_ | 353.00 | \$ | | | 4004.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | \$_ | 1984.02 | + \$ | 0.00 | \$ | 1984.02 |
| 11. State all other regular contributions to the expenses that you list in Sched include contributions from an unmarried partner, members of your household, your dependents, your room relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to p | nmates | and oth | er friends or ted in <i>Schedule J</i> . | | | | |
| Specify: | | | | | 11. + | \$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | resul Statisi | It is the tical In | combined morformation, if it a | nthly income. pplies | 12. | | 1984.02 |
| 12. Do you expect an increase or decrease within the year after you file this f | | | | | | Comb | oined hly income |
| ☐ No. ☑ Yes, Explain: THIS IS A SEASONAL JOB | nan - iki nefili di Tak | equinação o servicio de la compansión de | anguna a sa | mannas ne mandri suntados administras de 1880 d | Committee of the Commit | tenga parameter sa sa sa | No financia della sia sala sala sala sala sala sala sa |

| Fill in this information to identify your case: | | | |
|--|---|---|-------------------------------------|
| Debtor 1 CARLA O. TIMMERS | Oh 1 - 16 - 16 | -!- ! | |
| First Name Middle Name Last Name | Check if the | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | | ended filing blement showing pos | stoetition chapter 13 |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW Y | ORK expen | ses as of the following | |
| Case number(If known) | MM / C | D / YYYY | |
| Official Form 106J | | | |
| Schedule J: Your Expenses | | | 12/15 |
| Be as complete and accurate as possible. If two married people are fil information. If more space is needed, attach another sheet to this form (If known). Answer every question. | ing together, both are equally n. On the top of any additional | responsible for suppl pages, write your na | lying correct me and case number |
| Part 1: Describe Your Household | | | |
| 1. Is this a joint case? | | | |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a separate household? | | | |
| □ No | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? No No not list Debtor 1 and Yes. Fill out this information for | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Debtor 2. each dependent | CHILD | 13 | □ No |
| Do not state the dependents' names. | Office | | ₩ Yes |
| | | | □ No □ Yes |
| | | | ☐ No |
| | | | ☐ Yes |
| | | | ☐ No ☐ Yes |
| | | | ☐ Yes |
| | | | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | |
| Annual An | | | |
| Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you | are using this form as a supple | ement in a Chapter 13 | case to report |
| expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date. | nental <i>Schedule J</i> , check the bo | ox at the top of the fo | rm and fill in the |
| Include expenses paid for with non-cash government assistance if yo | u know the value of | Your exp | oonsas |
| such assistance and have included it on Schedule I: Your Income (Off | | , Jodi GA | |
| The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | e tirst mortgage payments and | 4. \$ | 284.00 |
| If not included in line 4: | | 42 \$ | 0.00 |
| 4a. Real estate taxes | | 4a. \$ 4b. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4c. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues | | 4d. \$ | 0.00 |
| 4d. Homeowner's association or condominium dues | | • | |

Debtor 1

CARLA O. TIMMERS
First Name Middle Name

I aet No

| Case number | (if known) | | |
|-------------|------------|--|--|
|-------------|------------|--|--|

| | |) and the second | Your exp | enses |
|----------------|--|--|----------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| ٠. | 6a. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 200.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 300.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 110.00 |
| 10. | Personal care products and services | 10. | \$ | 80.00 |
| 11. | Medical and dental expenses | 11. | \$ | 130.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 300.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 60.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 550.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | |
| and the second | 17c. Other. Specify: | 17c. | \$ | |
| | 17d. Other. Specify: | 17d. | \$ | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: | 19. | \$ | 0.00 |
| 00 | The state of the s | e. | | |
| 20. | | 20a. | \$ | 0.00 |
| | 20a. Mortgages on other property | 20b. | \$ | 0.00 |
| 1 | 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| And the second | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

| Debtor 1 | CARLA O. TIMMERS First Name Middle Name Last Name | ase number (if known) | | un general de solden de la companya |
|---------------|--|-----------------------|-----|--|
| 21. Other. Sp | pecify: | 21. | +\$ | 0.00 |
| 22. Calculate | your monthly expenses. | | | |
| 22a. Add | lines 4 through 21. | 22a. | \$ | 2014.00 |
| 22b. Copy | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 22c. Add | line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 2014.00 |
| | your monthly net income. | 23a. | \$ | 1984.02 |
| · | y line 12 (<i>your combined monthly income</i>) from <i>Schedule I.</i> y your monthly expenses from line 22c above. | 23a. 23b. | -\$ | 2014.00 |
| | tract your monthly expenses from your monthly income. result is your monthly net income. | 23c. | \$ | -29.98 |
| 4. Do you ex | pect an increase or decrease in your expenses within the year after you file | this form? | | |
| For examp | ole, do you expect to finish paying for your car loan within the year or do you expe payment to increase or decrease because of a modification to the terms of your m | ct your nortgage? | | |
| ☑ No. | | | | gy Agy (ref. resolving), dag - 1970/11/19/10/-19/10/-19/10/-19/10/-19/10/-19/10/-19/10/-19/10/-19/10/-19/10/- |
| Yes. | Explain here: | | | |
| | | | | |
| | | | | |

| Fill in this in | nformation to ide | ntify your case: | |
|---------------------------------|---------------------|----------------------|------------------|
| Debtor 1 | CARLA O. TI | MMERS Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) |) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | r the: EASTERN DISTR | RICT OF NEW YORK |
| Case number | | | |
| (1) (11.011.1) | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | |
|----------|--|--|
| Did you | ı pay or agree to pay someone who is NOT an att | orney to help you fill out bankruptcy forms? |
| ☑ No | | |
| ☐ Yes | . Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | | Signature (Official Form 119). |
| | | |
| | | |
| | | |
| Under j | penalty of perjury, I declare that I have read the s | ummary and schedules filed with this declaration and |
| tnat tne | ey are true and correct. | |
| | 1 .00/- | |
| x/º | enla Monneus × | |
| Signatu | ure of Debtor 1 | Signature of Debtor 2 |
| , | 2107000 | |
| Date L | M/ DD / YYYY | Date |
| ,, | | |

| Il in this information to identify your case: | | | |
|--|---------------------------------------|---|--|
| ebtor 1 CARLA O. TIMMERS | | | |
| First Name Middle Name | Last Name | | |
| ouse, if filing) First Name Middle Name | Last Name | | |
| nited States Bankruptcy Court for the: EASTERN DIST | RICT OF NEW YO | RK | |
| ase number | 100 April 1980 | | ☐ Check if this is an |
| known) | | | amended filing |
| | | | |
| | | | |
| ficial Form 107 | | | _ |
| atement of Financial Affai | irs for Indiv | iduals Filing for Bankro | uptcy 04/19 |
| art 1: Give Details About Your Marital St | atus and Where Y | ou Lived Before | |
| What is your current marital status? Married Not married During the last 3 years, have you lived anywher No | | | |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher | | | Dates Debtor 2 lived there |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 | years. Do not include Dates Debtor 1 | where you live now. | |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: | years. Do not include Dates Debtor 1 | Debtor 2: Same as Debtor 1 | lived there |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 | Dates Debtor 1 lived there | where you live now. Debtor 2: | lived there |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | lived there Same as Debtor 1 From |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | Iived there |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: | Dates Debtor 1 lived there | Pewhere you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP Con | Ilived there Same as Debtor 1 From To de |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | Ilived there Same as Debtor 1 From To de |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street ☐ City State ZIP Code | Dates Debtor 1 lived there | Same as Debtor 1 Number Street City State ZIP Co. | Ilived there Same as Debtor 1 From To de |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street | Dates Debtor 1 lived there From To | Pewhere you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP Con | Iived there Same as Debtor 1 From To de Same as Debtor 1 |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street ☐ City State ZIP Code | Dates Debtor 1 lived there From To | Same as Debtor 1 Number Street City State ZIP Co. | Iived there Same as Debtor 1 From To de Same as Debtor 1 From |
| ☐ Married ☐ Not married During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last 3 ☐ Debtor 1: Number Street ☐ City State ZIP Code | Dates Debtor 1 lived there From To | Pebtor 2: Same as Debtor 1 Number Street City State ZIP Co. | Ilived there Same as Debtor 1 From To de Same as Debtor 1 From |

Part 2: Explain the Sources of Your Income

Case number (if known)_

CARLA O. TIMMERS

Last Name

Debtor 1

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes, Fill in the details. Debtor 2 Debtor 1 **Gross Income** Sources of Income **Gross income** Sources of income (before deductions and Check all that apply. (before deductions and Check all that apply. exclusions) exclusions) Wages, commissions. ■ Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, For last calendar year: 15195 bonuses, tips bonuses, tips (January 1 to December 31, 2019 Operating a business Operating a business ☐ Wages, commissions, Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips 55526 (January 1 to December 31, 2018 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 2 Debtor 1 Sources of Income Sources of income Gross Income from Gross income from each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: 3530.00 For last calendar year: (January 1 to December 31, 2019) For the calendar year before that: (January 1 to December 31, 2018)

CARLA O. TIMMERS Case number (if known)_ Debtor 1 List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment for... Amount you still owe Dates of Total amount paid payment ☐ Mortgage Creditor's Name Car ☐ Credit card Number Street ☐ Loan repayment Suppliers or vendors. Other ZIP Code State ☐ Mortgage Creditor's Name Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other ZIP Code State \$ ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other___ ZIP Code State City

| tor 1 | CARLA O. TIMMERS First Name Middle Name Last Name | | С | ase number (if known)_ | 9 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - |
|---------------------------------|--|--|---|--|--|
| | | | | | |
| Inside corpo agen such | in 1 year before you filed for bankruptcy, did your sers include your relatives; any general partners; reprations of which you are an officer, director, person, including one for a business you operate as a second support and alimony. | elatives of any ge on in control, or c | eneral partners; pa owner of 20% or m | rtnerships of which ore of their voting | h you are a general partner; securities; and any managing |
| | lo 'es. List all payments to an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | | \$ | \$ | |
| | Insider's Name | | | | |
| | Number Street | | | | |
| | | | | | |
| 2000 | City State ZIP Code | Z ABBIER FONTER BEN LUNGTFORM OF A MATTER BEN A TOTAL OF THE ACCOUNT OF THE ACCOU | meditions (III) III for the physical land comparability (III) III in this contraction on more state. | o-paradiscus eperascus lididas na esclosión que la legida (CARICARIO (CARICARIO) (CARICARI | |
| | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
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| | City State ZIP Code | | | | |
| an in Inclu | in 1 year before you filed for bankruptcy, did yousider? de payments on debts guaranteed or cosigned by do Yes. List all payments that benefited an insider. | | yments or transfe Total amount paid | Amount you still owe | |
| | Insider's Name | | \$ | \$ | |
| | Number Street | | | | |
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| | City State ZIP Code | | | | |
| wa | | na e constallar de la force de la facilitación de la force de la f | \$ | \$ | |
| | Insider's Name | | | | N. Control of the Con |
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CARLA O. TIMMERS Case number (if known)_ Debtor 1 Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☑ No Yes. Fill in the details. Status of the case Court or agency Nature of the case Pending Court Name Case title_ On appeal Concluded Number Street Case number ___ State ZIP Code Pending Court Name Case title On appeal ☐ Concluded Street Number Case number ZIP Code City 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Mo. Go to line 11. ☐ Yes. Fill in the information below. Value of the property Describe the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code Value of the property Date Describe the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed.

Property was garnished.

Property was attached, seized, or levied.

State ZIP Code

City

Case number (if known)_

CARLA O. TIMMERS
First Name Middle Name

Last Name

| accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the scient the creditor took Date action was taken | announte ou unforce de | | ptcy, did any creditor, including a bank or financial institution, set off any amounts from your |
|--|--|--------------------|--|
| Date action was Taken Describe the action the creditor took. Date action was Taken Describe the action the creditor took. Date action was Taken Street City State ZP Code Last 4 digits of account number: XXXX— Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Gifts with a total value of more than \$600 per person? Person to Wham You Gave the Gift Same ZIP Code Person to When You Gave the Gift Same ZIP Code Person to When You Gave the Gift Same ZIP Code Person to When You Gave the Gift Same ZIP Code | | ke a payment bed | cause you owed a debt? |
| Number Street State St | | | |
| City State ZP Code Last 4 digits of account number: XXXX— | | | Describe the action the creditor took Date action Amount |
| Number Street S | | | |
| Number Steet Gity State ZP Code Last 4 digits of account number; XXXXX— | Creditor's Name | | |
| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Mo | Number Street | | \$ |
| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No | | | |
| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No | AND THE STATE OF T | | |
| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No | City | State ZIP Code | Last 4 digits of account number: XXXX– |
| creditors, a court-appointed receiver, a custodian, or another official? No | | | |
| No Yes | Within 1 year before you t | filed for bankrupt | tcy, was any of your property in the possession of an assignee for the benefit of |
| □ Yes Itst Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Dates you gave the gifts Person to Whom You Gave the Gift S. Number Street City State ZiP Code Person to Whom You Gave the Gift Person to Whom You Gave the Gift S. Person to Whom You Gave the Gift S. Number Street City State ZiP Code Number Street City State ZiP Code | | ted receiver, a cu | stodian, or another official? |
| Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Giffs with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Describe the gifts Dates you gave the gifts S | | | |
| Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Describe the gifts Person to Whom You Gave the Gift City State ZIP Code Person to Whom You Gave the Gift Describe the gifts Dates you gave the gifts S | La res | | |
| ✓ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Describe the gifts Dates you gave the gifts Person to Whom You Gave the Gift \$ | rt 5: List Certain Gift | ts and Contribu | utions |
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| Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | | | \$ |
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| City State ZIP Code Person's relationship to you | | | |
| Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Describe the gifts Dates you gave the gifts \$ | Number Street | | |
| Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Describe the gifts Dates you gave the gifts \$ | City | State ZIP Code | |
| Gifts with a total value of more than \$600 per person Dates you gave the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Describe the gifts S | · | | |
| Person to Whom You Gave the Gift Number Street City State ZIP Code | Person's relationship to yo | u | |
| Person to Whom You Gave the Gift \$ | Gifts with a total value of | f more than \$600 | |
| Number Street City State ZIP Code | per person | | the gifts |
| Number Street City State ZIP Code | | | \$ |
| City State ZIP Code | Person to Whom You Gave the | e Gift | |
| City State ZIP Code | | | \$ |
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| City State ZIP Code | | | |
| | Number Class | | |
| | Number Street | | |
| Person's relationship to you | | State ZIP Code | |

| ebtor 1 | CARLA O. TIMMERS | Case number (if known) | |
|--|---|---|--|
| | First Name Middle Name Last | Name | |
| | | | |
| 14. With | hin 2 years before you filed for bankrup | otcy, did you give any gifts or contributions with a total value | e of more than \$600 to any charity? |
| Ø | | | |
| u | Yes. Fill in the details for each gift or conf | iribution. | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed Value |
| | | | * |
| | Charity's Name | | |
| | | | \$ |
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| Part 6 | List Certain Losses | | |
| 1844 | the desired and the second second | tcy or since you filed for bankruptcy, did you lose anything b | because of theft fire other |
| | inin 1 year before you filed for bankrup aster, or gambling? | tcy or since you med for bankingters, and you lose anything a | occause of along mo, other |
| Ø | No | | |
| | | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your Value of property |
| | how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss lost |
| į | | Claims on line 55 of Schedule 2015. Property. | |
| and the second second | | | <u> </u> |
| course de la constante de la c | | | |
| Part 7 | List Certain Payments or Tran | | waterbase to the last at a second commence of the improvement of the deposition of the last and the commence of the commence o |
| | | tcy, did you or anyone else acting on your behalf pay or tran | sfer any property to anyone |
| VO | consulted about seeking bankruptcy | or preparing a bankruptcy petition? | |
| Incl | lude any attorneys, bankruptcy petition pro | eparers, or credit counseling agencies for services required in yo | our bankruptcy. |
| Ø | | | |
| u | Yes. Fill in the details. | | Date payment or Amount of payment |
| | | Description and value of any property transferred | transfer was |
| | Person Who Was Paid | | made |
| | Number Street | | <u> </u> |
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| | City State ZIP Code | na pip | Angelog of Strangers |
| | the state of the state of | | To the second se |
| | Email or website address | | |
| | Person Who Made the Payment, if Not You | | |

| | Description and valu | ie of any property tr | ansferred | Date payment or transfer was made | Amount of payment |
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| t 1 | ZIP Code d for bankrup burse of your and transfers r rs that you ha | Description and value of your business or financia and transfers made as security (such as that you have already listed on the Description and value of your business or financia and transfers made as security (such as that you have already listed on the Description and value of your business or financial and transfers made as security (such as that you have already listed on the description and value of your business or financial and transferred | Description and value of any property transfers made as security (such as the granting of transfers made as security (such as the granting of transferred Description and value of property | I for bankruptcy, did you or anyone else acting on your behalf pay or tra th your creditors or to make payments to your creditors? transfer that you listed on line 16. Description and value of any property transferred ZIP Code d for bankruptcy, did you sell, trade, or otherwise transfer any property ourse of your business or financial affairs? and transfers made as security (such as the granting of a security interest or irs that you have already listed on this statement. Description and value of property transferred Description and value of property or debts paid in exchi- | I for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to the your creditors or to make payments to your creditors? transfer that you listed on line 16. Description and value of any property transferred Date payment or transfer was made ZIP Code d for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other that hurse of your business or financial affairs? and transfers made as security (such as the granting of a security interest or mortgage on your property that you have already listed on this statement. Description and value of property The payment or transferred any property or payments received or debts paid in exchange |

CARLA O. TIMMERS Case number (if known) Debtor 1 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **☑** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ☐ Yes, Fill in the details. Type of account or Date account was Last balance before Last 4 digits of account number closed, sold, moved, closing or transfer instrument or transferred Name of Financial Institution ☐ Checking XXXX-☐ Savings Number Street ☐ Money market ☐ Brokerage City State ZIP Code Other_ ☐ Checking XXXX-_ Name of Financial Institution ☐ Savings Money market Number Street ☐ Brokerage Other_ ZIP Code State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **W** No Yes. Fill in the details. Do you still Describe the contents Who else had access to it? have it? ☐ No ☐ Yes Name of Financial Institution Name Number Street Number Street State ZIP Code State ZIP Code City

Doc 1 Filed 01/07/20 Entered 01/07/20 10:16:51

Case 1-20-40066-cec

Filed 01/07/20 Entered 01/07/20 10:16:51 Doc 1 Case 1-20-40066-cec CARLA O. TIMMERS Case number (if known)_ Middle Name Last Name 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Do you still Describe the contents Who else has or had access to it? have it? ☐ No Name ☐ Yes Name of Storage Facility Number Street Number Street City State ZIP Code ZIP Code **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the property Owner's Name Number Street Number Street State ZIP Code City State ZIP Code **Give Details About Environmental Information** Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

For the purpose of Part 10, the following definitions apply:

- hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic

| .,,ao any governmentan' anti- | • | |
|-------------------------------------|-------------------|-----------------------------------|
| ☑ No ☑ Yes. Fill in the details. | Governmental unit | Environmental law, if you know it |
| | | |

Governmental unit Name of site Number Street Number Street State ZIP Code City

State ZIP Code City

Debtor 1

Part 9:

Y No

City

Part 10:

Date of notice

| ebtor 1 | CARLA O. TIMMERS | 1.111 | Case number (if known) | |
|-----------------------------|--|--|---|--|
| | First Name Middle Name | Last Name | | |
| 25. Hav | e you notified any governmental un | it of any release of hazardous material? | | |
| Ø | | | | |
| | Yes. Fill in the details. | | | |
| | | Governmental unit | nvironmental law, if you know it | Date of notice |
| | | | | through the control of the control o |
| | Name of site | Governmental unit | | |
| | Number Street | Number Street | | |
| | | City State ZIP Code | | |
| | | | | |
| fa-keromen omson sir-Visidh | City State ZIP Code | | | ankinimus Tirang-agalam kasalanka sasasasasa kindeksta ankida latantakin kindeksta kasalan kasalan kasalan kas |
| 26. Hav | e you been a party in any judicial o | administrative proceeding under any e | nvironmental law? Include settlements and | d orders. |
| | No | | | |
| u | Yes. Fill in the details. | Court or agency | Nature of the case | Status of the |
| | | Court or agency | Nature Of the case | case |
| | Case title | Court Name | | ☐ Pending |
| | | | | On appeal |
| | | Number Street | | Concluded |
| | Case number | City State ZIP Code | | he of management that |
| | | 5.00 | | . * |
| Part 1 | and the second s | Business or Connections to Any Bu | | |
| 27. Wit | | | any of the following connections to any b | usiness? |
| | | red in a trade, profession, or other activi ompany (LLC) or limited liability partner | | |
| | ☐ A partner in a partnership | | | |
| | An officer, director, or managing | | | |
| | | oting or equity securities of a corporation | on | |
| | No. None of the above applies. Go | to Part 12. I fill in the details below for each busine | ce | |
| u | res. Check all that apply above and | Describe the nature of the business | Employer Identification num | |
| | Business Name | | Do not include Social Securi | ty number or ITIN. |
| | | | EIN: | |
| | Number Street | Name of accountant or bookkeeper | Dates business existed | |
| | | | | |
| | | | From To | |
| | City State ZIP Cod | Describe the nature of the business | Employer Identification num | |
| | Business Name | | Do not include Social Securi | ty number or ITIN. |
| | | | EIN: | |
| | Number Street | Name of accountant or bookkeeper | Dates business existed | |
| | | | | |
| | | | From To | |
| | City State ZIP Cod | 0 | | |

| Describe the nature of the business Describe the nature of the business Describe describe security number of the business Describe describe security number of the business Describe describe security number of the business existed | CARLA O. TIMMERS First Name Middle Name Las | st Name Case number (if known) |
|---|--|--|
| Business Name Name of accountant or bookkeeper | THE PROPERTY CONTRACTOR CONTRACTO | |
| Business Name Name of accountant or bookkeeper | | Employer Identification number |
| Number Street Name of accountant or bookkseper Dates business existed | | Describe the nature of the pusiness |
| Name of accountant or bookkeeper Dates business existed From | Business Name | FIN· |
| State ZP Code From To | | |
| thin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial titutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Name MM / DD / YYYY Number Street Dity State ZIP Code Sign Below have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the naveers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 1 Date Signature of Debtor 1 Signature of Debtor 1 Date Of Official Form 107)? No I No I Yes Attach the Bankruptcy Pelition Preparer's Notice, | Number Street | Name of accountant or bookkeeper Dates business existed |
| City State ZIP Code Chin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial titutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Name Name Name Nam/DD/YYYY Number Street City State ZIP Code Sign Below Tave read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the reads the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date Signature of Debtor 1 Signature of Debtor 2 Date Lid you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)? No No No Attach the Bankruptcy Pelition Preparer's Notice, Note these pages of pages or property Notice, Attach the Bankruptcy Pelition Preparer's Notice, Note these pages or pages or property Notice, Attach the Bankruptcy Pelition Preparer's Notice, Note these pages or pages or property Notice, Attach the Bankruptcy Pelition Preparer's Notice, Note the Bankruptcy Pelition Preparer | | — |
| thin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial titutions, creditors, or other parties. No Yes. Fill in the details below. Date issued Name MM/DD/YYYY Number Street City State ZIP Code The property of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$230,000, or imprisonment for up to 20 years, or both. U.S.C. § 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor 2 Date DAD 120 70 Date Date 120 70 Date 14 Yes Id you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)? No 1 Yes No 2 Attach the Bankruptcy Pelition Preparer's Notice, Attach th | | From To |
| No Yes. Fill in the details below. Date issued Name Name Name New Street Dity State ZIP Code Number Street Dity State ZIP Code Name Name Name New read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nawer are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date Signature of Debtor 1 Date Signature of Debtor 2 Date If No I No I No I No No No Attach the Bankruptcy Petition Preparer's Notice, Notice, No Attach the Bankruptcy Petition Preparer's Notice, No Attach the Bankruptcy Petition Preparer's Notice, | City State ZIP Code | |
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| Name Number Street Name | | aptoy, and you give a illianoid oldtonion to anyone about your about the second |
| Name Name Name Number Street City State ZIP Code Sign Below have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau a connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. SU.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date | No | |
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| Signature of Debtor 1 Date OHO 1 20 20 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes No No No No No No No No No N | 12: Sign Below | ont of Sinancial Affaire and any attachments, and I declare under negative of perjury that the |
| Signature of Debtor 1 Date | 12: Sign Below have read the answers on this Statemenswers are true and correct. I understa | and that making a false statement, concealing property, or obtaining money or property by fra |
| Signature of Debtor 1 Signature of Debtor 2 Date | 12: Sign Below have read the answers on this Statemenswers are true and correct. I understance connection with a bankruptcy case ca | and that making a false statement, concealing property, or obtaining money or property by fra |
| Signature of Debtor 1 Date | 12: Sign Below have read the answers on this Statemenswers are true and correct. I understance connection with a bankruptcy case ca | and that making a false statement, concealing property, or obtaining money or property by fra |
| id you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes You pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No | 12: Sign Below nave read the answers on this Statemenswers are true and correct. I understate connection with a bankruptcy case ca | and that making a false statement, concealing property, or obtaining money or property by fra an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. |
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| Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice, | nave read the answers on this Statement of the answers are true and correct. I understate the connection with a bankruptcy case cast at U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date 010112070 id you attach additional pages to Your 1988 | and that making a false statement, concealing property, or obtaining money or property by fra an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 Date The statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
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| Fill in this in | ıformation to ide | | |
|--------------------------------|---------------------|-----------------------|------------------|
| Debtor 1 | CARLA O. TI | | Last Name |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the: EASTERN DISTF | RICT OF NEW YORK |
| Case number (If known) | | | |
| | | | |

Official Form 108

Part 1:

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

List Your Creditors Who Have Secured Claims

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property What do you intend to do with the property that Identify the creditor and the property that is collateral as exempt on Schedule C? secures a debt? **W** No Surrender the property. CAPITAL ONE BANK name: ☐ Yes Retain the property and redeem it. Description of VEHICLE ALTIMA NISSAN Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: __ ☐ No Creditor's Surrender the property. name: ☐ Yes Retain the property and redeem it. Description of ☐ Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: _

| | Surrender the property. | □ No |
|---|--|-------|
| , | ☐ Retain the property and redeem it. | ☐ Yes |
| | ☐ Retain the property and enter into a | |
| | Reaffirmation Agreement. | |

Statement of Intention for Individuals Filing Under Chapter 7

Surrender the property.

Retain the property and redeem it.

Retain the property and enter into a

Retain the property and [explain]: _

☐ Retain the property and [explain]: _

Reaffirmation Agreement.

☐ No

☐ Yes

Creditor's

Description of

securing debt:

name:

property

Creditor's name:

Description of property securing debt:

CARLA O. TIMMERS
First Name Middle Name Debtor 1

Last Name

| Case number (i | (If known) |
|----------------|------------|
|----------------|------------|

| Part 2: | List Your | Unexpired | Personal | Property | v Lease: |
|---------|------------|------------|------------|----------|----------|
| rait &. | MIDL I UMI | Ulicapiicu | I CISSIIGI | opc | , |

| the information below. Do not list real estate leases. <i>Unexpired leases</i> d. You may assume an unexpired personal property lease if the trustee | does not assume it. 11 U.S.C. § 365(p)(2). |
|--|--|
| Describe your unexpired personal property leases | Will the lease be assumed? |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased | ☐ Yes |
| roperty: | |
| essor's name: | ☐ No |
| | - Marie Control of the Control of th |
| escription of leased roperty: | |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| essor's name: | □ No |
| escription of leased operty: | Yes |
| | |
| S Sign Below | |
| | |
| der penalty of perjury, I declare that I have indicated my intention about sonal property that is subject to an unexpired lease. | t any property of my estate that secures a debt and any |
| 2 2 000 | |
| Juli Humus * | 2 |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

www.nyeb.uscourts.gov

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| / Rel | Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other p Related Cases, to the petitioner's best knowledge, information and belief: | etitioner) hereby makes the following disclosure concerning |
|----------------|--|--|
| | | |
| ny re ar | NOTE: Cases shall be deemed "Related Cases" for purposes E.D.N.Y LBR 1072 any time within eight years before the filing of the new petition, and the debtors in are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partners; (vi) are partnerships which share one or more common general partners; of the Related Cases had, an interest in property that was or is included in the pro- | a such cases (i) are the same; (ii) are spouses or ex-spouses; (iii) ne partnership; (v) are a partnership and one more of its general or (vii) have, or within 180 days of the commencement of either |
|] | NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT AN | Y TIME. |
|] | THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN | PENDING: |
| | . CASE NO.: JUDGE: | DISTRICT/DIVISION: |
| | CASE PENDING: (YES/NO): [If closed] Date of Closing | |
| | CURRENT STATUS OF RELATED CASE: | |
| | (Discharged/awaiting disch | arge, confirmed, dismissed, etc. |
| | MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE | above): |
| , | SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVID | UAL" PART 1 (REAL PROPERTY): |
| | REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART | |
| | RELATED CASES: | |
| , | SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 2 | |
| | PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULI | E "A/B – PART 9" WHICH WAS ALSO LISTED IN |
| | SCHEDULE "A/B" OF RELATED CASES: | |
| , | 2. CASE NO.: JUDGE: | DISTRICT/DIVISION: |
| •• | CASE PENDING: (YES/NO): [If closed] Date of Closing | |
| | | |
| | CURRENT STATUS OF RELATED CASE: (Discharged/awaiting disch | arge, confirmed, dismissed, etc. |
| | MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE | Z above): |
| , | SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVID | UAL" PART 1 (REAL PROPERTY): |
| | REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART | |
| | RELATED CASES: | |
| , | SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 2 | |
| | REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART | 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF |

RELATED CASES:_____

Doc 1 Filed 01/07/20 Entered 01/07/20 10:16:51 Case 1-20-40066-cec

[OVER]

| | DISCLOSURE OF RELATED CASES | S (cont'd) | |
|----|---|-------------------------------|--|
| 3. | . CASE NO.: | JUDGE: | DISTRICT/DIVISION: |
| | CASE PENDING: (YES/NO): | [If closed] Date of | Closing: |
| | CURRENT STATUS OF RELATED (| CASE: | |
| | | (Discharged/awaitin | ng discharge, confirmed, dismissed, etc. |
| | MANNER IN WHICH CASES | S ARE RELATED: (Refer t | to NOTE above): |
| | SCHEDULE A/B: PROPERTY "OFF | ICIAL FORM 106A/B - <u>IN</u> | DIVIDUAL" PART 1 (REAL PROPERTY): |
| | REAL PROPERTY AS LISTED IN DEE | | – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF |
| | SCHEDULE A/B: ASSETS - REAL P | ROPERTY "OFFICIAL F | ORM 206A/B - <u>NON-INDIVIDUAL</u> " PART 9 (REAL |
| | PROPERTY): REAL PROPERTY AS I | LISTED IN DEBTOR'S SCI | HEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN |
| | SCHEDULE "A/B" OF RELATED CAS | | |
| | TO BE COMPLETED BY DEBTOR/I I am admitted to practice in the Easter CERTIFICATION (to be signed by pr | rn District of New York (Y | |
| | | | e is not related to any case pending or pending at any time, except as |
| | | | Cald Finnes |
| | Signature of Debtor's Attorney | | Signature of Pro-se Debtor/Petitioner |
| | | | 875 PENNSYLVANIA AVENUE Mailing Address of Debtor/Petitioner |
| | | | |
| | | | BROOKLYN, NY, 11207 City, State, Zip Code |
| | | | TIMMERSCARLA@GMAIL.COM |
| | | | Email Address |
| | | | 9176760288 |
| | | | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

| Fill in this information to identify your case: Debtor 1 CARLA O. TIMMERS | Check one box only as directed in this form and in Form 122A-1Supp: |
|--|---|
| Debtor 1 CARLA O. HIVIVIERS First Name Middle Name Last Name | ☑ 1. There is no presumption of abuse. |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 |
| Case number (If known) | Means Test Calculation (Official Form 122A–2). ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later. |
| | ☐ Check if this is an amended filing |
| Official Form 122A–1 | |
| Chapter 7 Statement of Your Current Mon | thly income 12/19 |
| additional pages, write your name and case number (if known). If you believe that you not have primarily consumer debts or because of qualifying military service, con Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income | ou are exempted from a presumption of abuse because you nplete and file <i>Statement of Exemption from Presumption of</i> |
| 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, li | |
| ☐ Married and your spouse is NOT filing with you. You and your spouse are | |
| Living in the same household and are not legally separated. Fill out be | |
| Living separately or are legally separated. Fill out Column A, lines 2-11 under penalty of perjury that you and your spouse are legally separated ur spouse are living apart for reasons that do not include evading the Means | nder nonbankruptcy law that applies or that you and your |
| Fill in the average monthly income that you received from all sources, derive bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on Septemble August 31. If the amount of your monthly income varied during the 6 months, add the Fill in the result. Do not include any income amount more than once. For example, income from that property in one column only. If you have nothing to report for any | per 15, the 6-month period would be March 1 through he income for all 6 months and divide the total by 6. If both spouses own the same rental property, put the |
| | Column A Debtor 1 Debtor 2 or non-filing spouse |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>2118.11</u> \$ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | Ψ |
| 4. All amounts from any source which are regularly paid for household expense of you or your dependents, including child support. Include regular contribution from an unmarried partner, members of your household, your dependents, parents and roommates. Include regular contributions from a spouse only if Column B is no filled in. Do not include payments you listed on line 3. | ns , |
| 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$\frac{0.00}{5}\$ | |
| Ordinary and necessary operating expenses - \$_0.00 - \$ | Comp |
| Net monthly income from a business, profession, or farm \$ 0.00 \$ | Copy here \$ 0.00 \$ |

Debtor 1 \$_0.00 Debtor 2

Copy here→

\$_

0.00

Net income from rental and other real property
Gross receipts (before all deductions)
 Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

| Debtor 1 | CARLA O. TIMMERS | | Case number (if known) | | |
|---|---|---|-------------------------|--|---|
| | First Name Middle Name Last Name | | | | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 8. Unen | nployment compensation | | \$ 0.00 | \$ | |
| Don | ot enter the amount if you contend that the amount | received was a benefit | T | • | |
| unde | r the Social Security Act. Instead, list it here: | | | | |
| 1 | or you | | | | |
| 1 | or your spouse | | | | |
| bene not ir Unite disal pay r does retire | sion or retirement income. Do not include any amount include any amount under the Social Security Act. Also, except as stanctude any compensation, pension, pay, annuity, or ed States Government in connection with a disability polity, or death of a member of the uniformed service paid under chapter 61 of title 10, then include that pay to which you ed under any provision of title 10 other than chapter | ated in the next sentence, do allowance paid by the combat-related injury or self you received any retired ay only to the extent that it would otherwise be entitled if 61 of that title. | \$0.00 | \$ | |
| Do n as a terro State deatl | me from all other sources not listed above. Speciot include any benefits received under the Social Servictim of a war crime, a crime against humanity, or irism; or compensation, pension, pay, annuity, or allows Government in connection with a disability, combined a member of the uniformed services. If necessal arate page and put the total below. | ecurity Act; payments received international or domestic owance paid by the United at-related injury or disability, or | | | |
| | NAP | | \$ <u>353.00</u> | \$ | |
| | | | \$ | \$ | |
| Tota | al amounts from separate pages, if any. | | + \$ | + \$ | |
| 11. Calc colur Part 2: | ulate your total current monthly income. Add line mn. Then add the total for Column A to the total for Column Determine Whether the Means Test App | Column B. | \$ <u>2471.11</u> | \$0.00 | S 2471.11 Total current monthly income |
| 12 Calc | ulate your current monthly income for the year. | Follow these steps: | | | |
| | Copy your total current monthly income from line | | Сор | y line 11 here | \$ <u>2471.11</u> |
| 120. | Multiply by 12 (the number of months in a year). | | | L | x 12 |
| 12h | The result is your annual income for this part of th | e form. | | 12b. | \$ <u>29653.32</u> |
| 120. | | | | L | |
| 13. Calc | ulate the median family income that applies to y | ou. Follow these steps: | | | |
| Fill ir | n the state in which you live. | NY | | | |
| Fill ir | n the number of people in your household. | 2 | | Г | |
| Tofi | n the median family income for your state and size on nd a list of applicable median income amounts, go o uctions for this form. This list may also be available | online using the link specified in | the separate | 13. | \$ <u>71349.00</u> |
| 14. How | do the lines compare? | | | | |
| 14a. | Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Form | e top of page 1, check box 1, <i>Th</i> π 122A-2 | nere is no presumption | of abuse. | |
| 14b. | Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A–2. | ge 1, check box 2, <i>The presum</i> | ption of abuse is deter | mined by Form 122A | i-2. |

| Debtor 1 | CARLA O. TIMME First Name Middle Name | RS Last Name | Case number (if known) |
|----------|---------------------------------------|---------------------------------------|--|
| Part 3: | Sign Below | | |
| | By signing here, I decl | are under penalty of perjury that the | he information on this statement and in any attachments is true and correct. |
| | * Palu | Humees | * |
| | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date | 2020 YYY | Date |
| | If you checked line | 14a, do NOT fill out or file Form 1 | 122A–2. |
| | If you checked line | 14b, fill out Form 122A-2 and file | e it with this form. |

EASTERN DISTRICT OF NEW YORK IN THE UNITED STATES BANKRUPTCY COURT FOR THE

| IN RE: | |
|--|---|
| CARLA O. TIMMERS Debtor. | Case No |
| VERIFICA | TION OF MATRIX |
| The above named debtor hereby verifies and correct to the best of his/her/their kn | s that the attached List of Creditors is true nowledge. |
| Date: 01/07/2020 | Cula Hunces |
| | Debtor Signature |

Ashro 1515 S 21st St Clinton, IA 52732

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Capital One Bank Usa N Po Box 85520 Richmond, VA 23285

Comenitycb Myplacerwds Po Box 182120 Columbus, OH 43218

Comenitycb Simplybe Po Box 182120 Columbus, OH 43218

Capital One Bank 875 Pennsylvania Avenue Brooklyn, NY 11207

Dept Of Education NeIn 121 S 13 Th St Lincoln, NE 68508 Lvnv Funding Llc Po Box 740281 Houston, TX 77274

Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Midnight Velvet 1112 7th Ave Monroe, WI 53566

Nycha 90 Vandalia Avenue Brooklyn, NY 11239

New York State 99 Washington Avenue Albany, NY 12210

Portfolio Recovery Associates Llc 120 Corporate Blvd Norfolk, VA 23502

Through The Country Do 1112 7th Ave Monroe, WI 53566

Verizon Wireless

Po Box 650051

Dallas, TX 75265

| UNITED STATES BANKRUPTCY COURT FOR THE | | | | |
|---|--|--|--|--|
| EASTERN DISTRICT OF NEW YORK | | | | |
| In re: CARLA O. TIMMERS Debtor.) Chapter 7 | | | | |
| DECLARATION OF PRO SE ASSISTANCE | | | | |
| I,CARLA O. TIMMERS, received free legal assistance in preparing | | | | |
| my bankruptcy forms from the legal aid nonprofit Upsolve. Upsolve is a national legal aid nonprofit | | | | |
| funded by the Legal Services Corporation and leading philanthropic foundations. It provides free | | | | |
| Chapter 7 assistance for low-income debtors who need a fresh start but cannot afford counsel. | | | | |
| Upsolve is not my attorney. I am filing this case without a lawyer or "pro se." Because Upsolve has provided its services pro bono, Upsolve is <u>not a petition preparer under Section 110 of the Bankruptcy Code</u> , and Official Form 119 is not required and has not been provided. | | | | |
| * Carla V. Humaso Date: 1/7/2020 Signature of Debtor 1, Filing Pro Se | | | | |
| Upsolve Contact Information: | | | | |

Upsolve Contact Information:
TINA TRAN, MANAGING ATTORNEY

TINA@UPSOLVE.ORG